



The Greening of Financial Workers: Restoration of Vitality

**Presented by
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MN DHS**

**MFWCAA Conference
September 20, 2012**

Introduction

Scale:

- 1 = crappy
- 2 = blah
- 3 = eh
- 4 = Okey dokey
- 5 = GREAT



_____ In general, how are you feeling today?

_____ How are you feeling about your job?

_____ In general, how are you feeling about your life?

What is your biggest stressor?

Identify Your Symptoms of Job Stress

Instructions: Rate each of the following items in terms of how often the symptom was true for you during **the last three months**:

- | | |
|--------------------|-------------------|
| 0 = Never | 3 = Frequently |
| 1 = Occasionally | 4 = Almost always |
| 2 = Somewhat often | 5 = Always |

_____ 1. I feel little enthusiasm for doing my job.

_____ 2. I feel tired even with adequate sleep.

_____ 3. I feel frustrated in carrying out my responsibilities at work.

0 = Never	3 = Frequently
1 = Occasionally	4 = Almost always
2 = Somewhat often	5 = Always

- _____ 4. I am moody, irritable, or impatient over small inconveniences.
- _____ 5. I want to withdraw from the constant demands of my time and energy.
- _____ 6. I feel negative, futile, or depressed about my job.
- _____ 7. My decision-making ability seems less than usual.
- _____ 8. I think I am not as efficient as I should be.
- _____ 9. The quality of my work is less than it should be.
- _____ 10. I feel physically, emotionally, or spiritually depleted.
- _____ 11. My resistance to illness is lowered.
- _____ 12. I am eating more or less; drinking more coffee, tea, or sodas; smoking more cigarettes; or using more alcohol or drugs that usual in order to cope with my job.
- _____ 13. I am feeling emotionally callous about the problems and needs of others.
- _____ 14. My communication with my boss, coworkers, friends, or family seems strained.
- _____ 15. I am forgetful.
- _____ 16. I am having difficulty concentrating.
- _____ 17. I am easily bored.
- _____ 18. I feel a sense of dissatisfaction, something wrong, or missing.
- _____ 19. When I ask myself why I get up and go to work, the only answer that occurs is "my paycheck".



"Burnout is a state of mind in which all possibility is eventually extinguished." from the book, *Fried—Why You Burn Out and How to Revive* by Joan Borysenko, Ph.D.

"All hope abandon, ye who enter in!" from Dante's *The Divine Comedy*

What would happen if you were to concentrate not on the **results** but on the **value**, the **rightness**, and the **truth** of the work itself?

If you can do this then there is nothing to prove; there's only a **gift** to be given.



Rejuvenating

When you become focused and when the challenge and your degree of mastery are in sync, you feel exhilaration and things just seem to flow right along; you are golden!

Step One—Stop

- Identify what you **love** to do
- Give yourself a time out

Step Two—Drop

- Drop the activities that are not working for you
- Drop relationships that are not working for you

Step Three—Roll

- Roll out a new plan that is truly supportive of you
- Become more mindful of your own physical energy
 - Are you a human being?
 - Are you are human doing?

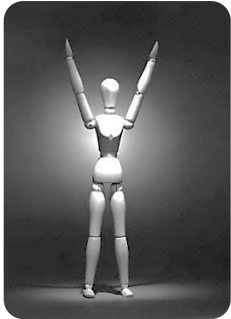
One cannot pour from an empty cup!

Rate Your Enjoyment of Life

Ask: am I having fun and enjoying life?

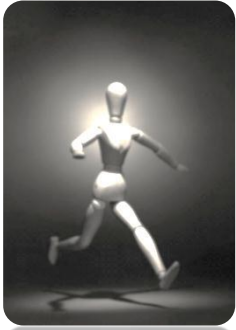
Which picture best depicts your current level of fun & enjoyment? (You can choose more than one.)

Describe how you feel and what the picture means to you:















My Best Life



I want to live my best life. I want to experience...

I am going to make this happen and here is what I am going to do to make it so.

This week, I am going to _____

Next week, I am going to _____

By the end of 2012, I will have _____

This is a promise I make to myself and I **do not break promises** to myself.

Signature

Date



Growing Resources

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DHS

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When I started as a financial worker, I was given 4-5 manuals and told to get acquainted with the materials and oh, by the way, your first 6-month client recertification is scheduled for tomorrow.

What Resources?

- A source or supply from which an organization gains profit
- Supply, support, or aid, especially one that can be readily drawn upon when needed

Most Available
Resource?

Cultivating Relationships



Cultivating Most Available Resource

Tools Needed

- Trusting relationships
- Mindful listening
- Mindful speaking



Trusting Relationships

- Show consistency between your words and your actions
- Explain changes and apparent discrepancies in your actions
- Let the other person know what to expect from you

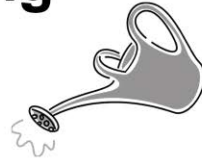


- Be aware of what you can do;
don't over promise
- Admit when you have made a
mistake



Mindful Listening

- Being present
- Open and honest exchange
- Respect for the feelings and opinions of others
- Suspend your response
- Check your understanding



**Any verbal encounter could
contain worthwhile information
or insight**

*"The greatest compliment that was
ever paid to me was when someone
asked me what I thought, and
attended to my answer."*

Henry David Thoreau

Identify obstacles

*"Actions are born from thoughts.
Without mastering your thoughts, you
cannot master your actions."*

Matthieu Ricard, Zen monk and coauthor of
The Monk and the Philosopher

Get into their movie

"Three-fourths of the miseries and misunderstandings in the world will disappear if we step in the shoes of our adversaries and understand their viewpoint."

Mahatma Gandhi



Listening Guidelines

- Make a commitment to listen
- Focus on the speaker
- Don't assume
- Keep listening and paraphrasing until you get a confirmation



Mindful Speaking



Assertive communication is mindful communication that connects; it does not divide

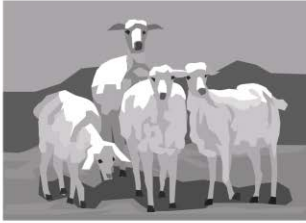
Communication Behaviors



Aggressive

Characteristics:

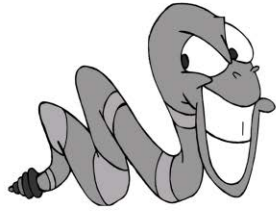
- Bold and active
- Demand submission
- Must win at any cost
- Try to control others through intimidation
- Pushy
- Take direct action –attack or do harm



Passive

Characteristics:

- Are unresponsive or wishy-washy
- Let others make decisions
- Submit or obey without arguing or resisting
- Take personal responsibility for everything/apologizes for everything



Passive Aggressive

Characteristics:

- Skilled at manipulating others
- Will complain to everyone but the person they are complaining about
- Talk **about** a person but not **to** the person
- Attack others without having to take responsibility for self



Assertive

Characteristics:

- Speaks openly
- Deals directly & fairly with others
- Responds honestly
- Recognizes that others are in charge of their own lives and behaviors
- Does not attempt to control others
- Understands personal rights
- Is proactive; see what is need to be done and makes a plan to accomplish it

Communication Chart

Styles	Treatment of Rights	Metaphor	Verbal Behavior	Nonverbal Behavior	Response
Passive	Gives up own	Doormat	Qualifies, apologizes	Averted gaze, soft voice, cowers	Flight
Passive Aggressive	Sneakily usurps others'	Doormat with spikes	Uses sarcasm indirectly	Sideways glance, sarcastic tone	Hit and Run
Assertive	Maintains own	Pillar	Speaks mind openly	Direct gaze, varied voice, balanced	Engagement
Aggressive	Usurps others'	Steamroller	Blames, accuses	Stares, loud voice, invades others' space	Fight

Assertive Communication

- Open and honest exchange; everyone's wants & needs are respected
- Not a strategy for getting your own way

- Recognition that you are in charge of your own behavior
- Acceptance that others are in charge of their own behavior
- Respect for feelings & opinions of others



Implementation



Growing Resources

- Trusting relationships
- Mindful listening
- Mindful speaking



Implementation



Situation:

You (Thelma) and Sheila have been assigned to work together on how to streamline the intake process in your office. Once you have come up with your recommendations, you two are to present them to the supervisors, managers, and county director. **Sheila is not thrilled with this assignment and states, "The current intake process is just fine, thank you."**

You want to be successful doing this assignment. What are you going to say and/or do using...

Passive Behavior _____

Passive-Aggressive Behavior _____

Aggressive Behavior _____

Assertive Behavior _____

De-Stress

Force yourself to take breaks



Pamper yourself occasionally
(Stressed reversed is desserts!)

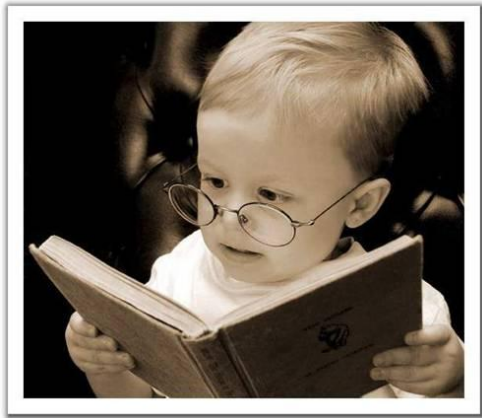


Look for humor



Good Advice at Any Time!

Read books that you enjoy...



Play with simple things...



Do whatever you want whenever you want...



Look for affection
when you need it. ...



Get serious once in a while...



Forget about diets...



Show some affection...



Get angry once in a while...



Change your look...



Above all, be happy regardless what your challenges may be!



Live simply.
Love generously.
Care deeply.
Speak kindly.

Be kinder than necessary, for everyone you meet is fighting some kind of battle.

Pre-Assessment

Determine the biweekly authorized hours of child care for each of the following families:

1. Janelle is a single parent of two children, Ruby (1) and Roxy (3). She works eight hours per day, five days per week, and travels $\frac{1}{2}$ hour each way between child care and work. She also has a $\frac{1}{2}$ hour lunch break every day.

What can be authorized for each child?

2. Jennifer works five days a week; 9:30 – 2:30 (includes a 15 minute break). It takes her approximately 25 minutes to get to work from the child care provider. Jennifer's two children, Michael and Grace, are both school age attending school from 8:30 – 3:00 every day.

What can be authorized for each child?

What may affect the hours authorized?

3. Sandy is a single parent with one child, Aiden (4 months). She is currently on MFIP and has an approved Employment Plan for 25 hours per week of job search. Sandy will be job searching 5 hours per day and her employment counselor approved 1 hour a day of travel time.

What can be authorized for Aiden?

4. Mike and Molly are married with two children, twins Andrew and Alex (7). Molly works Monday – Friday, 8:00am – 4:30pm. Mike works from 3:00 pm – 11:30pm. The children attend school Monday – Friday, 9:00 – 3:30. Molly reports she needs child care for the children after school only. It takes her 45 minutes to get from child care to work.

What can be authorized for each child?

Authorized Activities by Subprogram

Program	Eligibility	Authorized Activities
MFIP	Caregivers eligible for and receiving benefits from the Minnesota Family Investment Program or the Diversionary Work Program (DWP)	Orientations, appeals, hearings, assessments & Anything included in the signed Employment Plan - employment, job search, education, training, social service activities, etc.
MFIP without Employment Plan	Caregivers eligible for and receiving benefits from the Minnesota Family Investment Program	Same as Transition Year with the addition of Financial & Employment Services orientations, assessments, appeals, and hearings for cash assistance.
Transition Year	Families who received MFIP or DWP for at least 3 out of the 6 months prior to closure	<ul style="list-style-type: none"> • Employment – PRIs may get help with child care costs if they are working an average of 20 hours per week and earn at least minimum wage. If PRIs are full-time students who work an average of at least 10 hours per week and earn at least minimum wage, they may get help with child care costs for employment only. • Job Search – 240 hours in a calendar year. • No education component
Transition Year Extension	BSF eligible families on waiting list who have completed Transition Year	Same as Transition Year
Basic Sliding Fee	All income and otherwise eligible families based on waiting list priorities	Same as Transition Year, except education is allowed if education plan approved by the county.

Special Authorization Issues

PRI Student Breaks CCM §9.12

- If the break is expected to last 15 calendar days or less, care should continue to be authorized during the break.
- If education is the family's only authorized activity, and the break is expected to last more than 15 calendar days, the case should be suspended for the break period. A 15-day notice of adverse action should be sent to the client and provider. The case should be suspended the day the break begins.
- If education is not the family's only authorized activity, and the break is expected to last more than 15 calendar days, the number of hours authorized should be reduced to reflect the authorized hours needed for the family's other authorized activities during the break period. A 15-day notice of adverse action should be sent to the client and provider. The reduction in authorized hours should be effective the day the break begins.

Flexible Work Schedules CCM §9.1

Method 1	Method 2	Method 3
Authorize the <u>typical</u> number of hours needed. When the family requires additional care, the provider bills for the additional care. Payment can be made by increasing the number of hours on the Billing Window or creating a new SA with additional hours. This method is recommended for families with a set schedule that occasionally requires additional work hours. *	Authorize the <u>minimum</u> number of hours needed. When the family requires additional care, the provider bills for the additional care. Payment can be made by increasing the number of hours on the Billing Window or creating a new SA with additional hours. This method may be used for families whose schedules require them to work a varying number of hours per week. *	Authorize the <u>highest</u> number of hours needed. The provider is expected to bill only for time care is needed. Providers must be informed to bill for fewer hours when the family works fewer hours. This method may be used for families whose schedules require them to work a varying number of hours per week. *

School Release Days CCM §9.1

Method 1	Method 2	Method 3
Authorize the actual number of hours care is needed, increasing or decreasing the hours authorized based on school release days. *	Authorize the number of hours care is needed based on weeks when there are no school release days. If care is not needed except for school release days, authorize 1 hour of care. *	Authorize the highest number of hours care is needed with the provider. The provider is expected to bill only for the time care is needed. *

* When authorizing care for school release days and families with flexible schedules, it is important that there be communication between families, providers, case workers and billing workers. Always case note the method used.

MFWCAA 2012 Conference Workshop Evaluation

Instructors: Allison Tourdot and Angela Carlson Date: 9/20/12

Workshop Name: Child Care (Advanced)

☆ What you found **most** useful about the workshop.

☆ What you found **least** useful about the workshop.

☆ Please identify any **AHA!** moment that may have occurred during the course of this workshop.

☆ Add any other comments you would like to make about the workshop, the instructors, the materials, topics covered, etc.

☆ Please indicate the overall evaluation of this workshop by circling one choice:

Excellent

Good

Average

Fair

Poor

☆ Any ideas for future workshops?

Claims and Collections for CCAP Information Needed to Establish Claim

Who's responsible: Family, Provider, or Both?

Overpayment amount and program

Time period

Establishment date

Discovery date

Claim type

Claim reason

Why overpayment occurred

CCAP Notice Requirements

The Child Care Assistance Program requires a 15-day notice for adverse actions. MEC² uses the following rules to calculate the 15 day notice period:

- The 1st day of the 15-day notice period is the day after the day the notice leaves the IOC.
- Mail is only sent on work days and will not be sent on Saturdays, Sundays or holidays.
- The 15th day cannot fall on a Saturday, Sunday or holiday. If it does, continue counting after the Saturday, Sunday or holiday.

These rules are built into the 15-day Notice logic on the MEC² system.

Recovery methods for the Child Care Assistance Program

- Recoupment
- Voluntary Repayment
- Civil Recovery
- Criminal Restitution

Claim Compromise

Claims may be compromised by 25% if the remaining 75% is repaid within the 90-day time limit. Compromise amounts must be in the form of direct voluntary payment by a debtor.

Family Recoupment

Claim Type	Recoup the Greater Of
<ul style="list-style-type: none"> - Agency Error - Provider Error (Family Claim) 	25% of copay or \$10
<ul style="list-style-type: none"> - 1st Failure to Report 	50% of copay or \$10
<ul style="list-style-type: none"> - 2nd or Subsequent Failure to Report - Failure to Report at Application - Failure to Report at Redetermination 	50% of copay or \$50
<ul style="list-style-type: none"> - Fraud 	100% of copay, \$100 or 10% of overpayment (original claim amount)

The overpayments must be calculated and collected on a service period basis. The family is responsible for the cost of care that is related to the reduction of the payment.

If an ineligible family later reapplies for child care assistance and is determined eligible, begin recouping the overpayment following the above rates, unless a different payment schedule has been specified in a court order.

Provider Recoupment

Claim Type	Recoup the Greater Of
<ul style="list-style-type: none"> • Agency Error • Family Error (Provider Claim) 	10% of payment or \$20
<ul style="list-style-type: none"> • Provider-Incorrect Information 	25% of payment or \$50
<ul style="list-style-type: none"> • Fraud 	50% of payment, \$100 or 10% of the overpayment (original claim amount)

If the provider no longer cares for children receiving child care assistance, follow the instructions in §14.9 (Recovery Methods). If the provider later resumes caring for children receiving child care assistance, begin recouping the overpayment following the above rates, unless a different repayment schedule has been specified in a court order.

MEC² Claim Reports

Report Name	Report#	Report Description
CCAP Claims Recovery Report	CL100	This report lists detail recovery transactions by category (Family, Provider and Family and Provider Claims) and by program in a given month. Counties can use it to track their recovery transactions, to spot trends, and to verify that the amount they collect is properly reflected on their county billing from DHS for the county and non-county share of the recovery transactions.
CCAP Claims Collection Detail Report	CL101	This report displays all the recoupment and recovery transactions posted to a claim for all programs. It is used for tracking collections.
CCAP Claims Case Load Listing	CL102	This report lists details for each claim that is assigned to a specific worker including (but not limited to): claim number, claim type, overpayment reason, claim status, etc. The purpose of the CCAP Claims Caseload Listing Report is to give details of active or pending claims (Family, Provider and Family & Provider) for a worker.
CCAP Recoupment Backout Report	CL105	The purpose of the CCAP Claims Recoupment Backout report is to provide information regarding recoupment amounts, claim payment ID associated with the claims when an issuance with a recoupment has been canceled that have been cancelled. This portion of the system has not been automated – therefore this is a report workers will use to manually add back in the recoupment amount to the claim balance.
CCAP Claim Adjustment Report	CL 106	This report shows all adjustment transactions made on a claim. It is used for fraud detection purposes and by Financial Operations. The totals are broken out by CCAP sub-program and adjustment type, including a separate total for adjustments that were due to a claim compromise.

Example 1

Jan receives CCAP for her two children. She lives with her boyfriend who is the father of one of the children. Jan works 40 hours per week at \$8.00 per hour. She receives \$250 per month in child support for one child. Tom has been determined unable to care for the children by a physician and receives a monthly pension of \$650. On July 25th, Jan reported that she forgot to inform her worker that Tom's pension increased to \$750 per month on January 3rd. This is Jan's first failure to report a change.

Corrected annual income = \$28,640

Previous annual income = \$27,440

What is the correct biweekly copayment?

What was the previous copayment?

When will the new copayment start?

How many biweekly periods are included in the overpayment?

What is the total overpayment?

What will be Jan's copayment to recoup the overpayment?

How many biweekly periods will Jan have to pay this amount?

Example 2

Pam and Jim have two children on CCAP. Pam currently works for \$6.00 per hour, 25 hours per week. Jim works \$10.00 per hour, 40 hours per week. Jim pays a monthly medical insurance premium of \$100 for the family. On December 3rd, the worker learned that Pam received a lump sum inheritance of \$3700 on August 12th, which she failed to report. This is Pam's second failure to report a change.

Corrected annual income is:

Pam's earned income	= 25hrs/wk x \$6.00 x 52 wks	=	\$ 7,800
Jim's earned income	= 40hrs/wk x \$10.00 x 52 wks	=	\$ 20,800
Lump sum income	=	=	\$ 3,700
(Annualization begins August 12 th)			
Total annual gross income		=	\$ 32,300
Medical insurance premium	= 12 months x \$100	=	<u>\$ 1,200</u>
Total income			\$ 31,100

What is the correct biweekly copayment?

What was the previous copayment?

When will the new copayment start?

How many biweekly periods are included in the overpayment?

What is the total overpayment?

What will be Pam's copayment to recoup the overpayment?

How many biweekly periods will Pam have to pay this amount?

Example 3

Andy applied for CCAP for his two children on May 25. He works 40 hours per week at \$12.00 per hour and pays \$75/month child support for a child not in the home. His redetermination is due November 28. On November 20, the review is received and the worker notices Andy reported receiving \$400/month in direct child support. After a discussion with Andy, it was determined that the child support started in April. He said he must have forgotten to put it on his application. This is Andy's 1st failure to report a change.

Corrected annual income = \$25,860

Previous annual income = \$21,060

What is the correct biweekly copayment?

What was the previous copayment?

When will the new copayment start?

How many biweekly periods are included in the overpayment?

What is the total overpayment?

What will be Andy's copayment to recoup the overpayment?

How many biweekly periods will Andy have to pay this amount?



Claims and Collections for CCAP

Shannon Dunnell
and
Karie Vogel
IDTT - DHS

Welcome!

Thank you for attending our workshop, Claims and Collections for CCAP.

Presenter Intro

There may be questions we don't have the answers to, or questions that are best left for the Policy Inquiry folks to be able to sum it up for the entire state, so please understand that some questions will be redirected.

Ask what claims and collections roles the participants have.

Why do I care about claims?

- Program Integrity
- County Revenue



So, why should you care about claims?

First of all, for program integrity. The client or provider received benefits they were not eligible for and need to pay it back.

Second, claims established create county revenue for county collection on claims. Counties can keep a portion of the claims collections – depending upon the program and reason for the claim. This helps with already tight county budgets.

Claims and Collections for CCAP

- What is needed to establish a claim
- Determining the amount of a CCAP overpayment
- Recovery Methods
- Claim Resources
- Overpayment Examples



Today we will discuss:

Who's Responsible?



Family

Provider



Both



Use HO 1 to take notes regarding the information needed to establish a claim.

Overpayments must be recovered or recouped from parents and/or providers.

You need to determine who benefited from the overpayment. If the family paid less for child care than the amount warranted, the family is responsible for the overpayment

If the family did not benefit from the overpayment, but the provider received more than the amount warranted, then the provider is responsible for the overpayment.

If both the family and the provider benefitted, assign the overpayment to both parties. If both parties acted together to intentionally cause the overpayment, both are responsible for the overpayment, regardless of who benefited.

Determining the Overpayment

- Biweekly service period basis
- Amount of CCAP the family and/or provider were actually eligible to receive
- Was the change that caused the overpayment reported:
 - Timely?
 - Not timely?
- Ineligibility



Overpayments must be calculated and collected on a biweekly service period basis.

When an overpayment is discovered, examine whether the family was eligible, the copayment amount, the authorized hours, the payment amount and any other factor that would have impacted the amount paid.

The amount of the overpayment is the difference between the child care assistance payments that the family and/or provider received and the child care assistance payments that the family and/or provider were actually eligible to receive.

When a family reports changes in their circumstances timely, within 10 days of receipt, there will be no overpayment. An exception to this would be when you are unable to respond to a change in a timely manner. There may be an overpayment due to agency error. An overpayment would be calculated allowing for a notice period. Modifications to employment plan may cause an overpayment. If worker is not notified of a modified plan timely, an agency error overpayment should be calculated allowing for a notice period.

When a family does not report changes in their circumstances timely there may be an overpayment. The overpayment would be calculated beginning on the date the change occurred. If the change is due to increased income the overpayment would be calculated starting with the first biweekly period after the date the increased income

was first received.

When a family received child care assistance for a period of time when the family was not eligible for child care assistance, the amount of the overpayment is the total amount of child care assistance paid during the time period of ineligibility, excluding the allowable notice period, if the family reported the change in their circumstance timely. There are detailed examples of cases of ineligibility in CCAP 14.6.

Donna's Case

- Review received July 9th
- \$300/mo child support starting March 16th



To illustrate CCAP claims, we are going to use a case involving Donna.

Donna is on BSF child care. She reported on her review received July 9th that she started receiving \$300/month child support on March 16.

When did she need to report the change in income for it to be reported timely?

Donna's Case

- Review received July 9th
- \$300/mo child support starting March 16th
- Timely = March 26th



In order for this change to have been reported timely, she needed to report it by March 26th.

Because she did not report this change timely, we count the \$300 child support starting March 16. Using the Child Care Billing Form and Service Period Calendar, the next biweekly period begins March 19: this will be the first biweekly period of the overpayment period.

Donna's Case

	Correct	Previous
Annual Income =	\$37000	\$33400
Copay =	\$90	\$61



Next, we need to determine the amount of child care assistance the family was actually eligible to receive, and calculate the difference between the amount received and what they were eligible to receive.

Here we calculated the new annual income and copay.

Donna's Case

	Correct	Previous
Annual Income =	\$37000	\$33400
Copay =	\$90	\$61

$$\$90 - \$61 = \$29/\text{per biweekly period}$$



The overpayment is the difference between the amount received and what they were eligible to receive.

Determine the difference per biweekly period, which is $\$90 - \$61 = \$29$. Donna's overpayment is \$29 for each biweekly period starting March 19 through the end of the notice period.

Any questions about how Donna's overpayment was calculated?

Notice Requirements

- Families and/or providers must be notified in writing when there is an overpayment
- Notice must contain the reason for the overpayment, the time period in which it occurred, and the amount
- 15-day notice of adverse action
 - See CCM 12.1



Families and/or providers must be notified in writing by the agency when there is an overpayment.

The notice must contain the reason for the overpayment, the time period in which it occurred, and the amount overpaid.

See HO 2. The Child Care Assistance Program requires 15-day notice for adverse actions. MEC² uses the following rules to calculate the 15 day notice period:

- The 1st day of the 15-day notice period is the day after the day the notice leaves the IOC.
- Mail is only sent on work days and will not be sent on Saturdays, Sundays or holidays.
- The 15th day cannot fall on a Saturday, Sunday or holiday. If it does, continue counting after the Saturday, Sunday or holiday.

These rules are built into the 15-day Notice logic on the MEC² system.

The 15-day notice requirement is important in determining correct overpayments.

What's the time period?

2012 Child Care Billing Form & Service Period Calendar

S	M	T	W	T	F	S	S	M	T	W	T	F	S
JANUARY							JULY						
1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	31					29	30	31				
FEBRUARY							AUGUST						
	1	2	3	4				1	2	3	4		
5	6	7	8	9	10	11	5	6	7	8	9	10	11
12	13	14	15	16	17	18	12	13	14	15	16	17	18
19	20	21	22	23	24	25	19	20	21	22	23	24	25
26	27	28	29				26	27	28	29	30	31	
MARCH							SEPTEMBER						
		1	2	3					1	2	3	4	
4	5	6	7	8	9	10	4	5	6	7	8	9	10
11	12	13	14	15	16	17	11	12	13	14	15	16	17
18	19	20	21	22	23	24	18	19	20	21	22	23	24
25	26	27	28	29	30	31	25	26	27	28	29	30	31
APRIL							OCTOBER						
1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30						29	30	31				
MAY							NOVEMBER						
	1	2	3	4	5				1	2	3		
6	7	8	9	10	11	12	6	7	8	9	10	11	12
13	14	15	16	17	18	19	13	14	15	16	17	18	19
20	21	22	23	24	25	26	20	21	22	23	24	25	26
27	28	29	30	31			27	28	29	30	31		
JUNE							DECEMBER						
		1	2						1				
3	4	5	6	7	8	9	3	4	5	6	7	8	9
10	11	12	13	14	15	16	10	11	12	13	14	15	16
17	18	19	20	21	22	23	17	18	19	20	21	22	23
24	25	26	27	28	29	30	24	25	26	27	28	29	30
							31						

1 Biweekly Period Begin Date
2 wk Billing Form Batch Date (for period beginning the following Monday)
3 wk Billing Form Batch Date (for period beginning the following Monday)



There are many things to consider when determining the claim time period.

- Any non-consecutive biweekly periods?
- Same error source?
- Same claim type?
- Same persons responsible?

Donna's Case

- Review received July 9th
- \$300/mo child support starting March 16th
- Timely = March 26th
- Start counting \$300/mo the next biweekly period: March 19



Back to Donna's case. In order for this change to have been reported timely, she needed to report it by March 26th.

Because she did not report this change timely, we count the \$300 child support starting March 16. Using the Child Care Billing Form and Service Period Calendar, the next biweekly period begins March 19: this will be the first biweekly period of the overpayment period.

Donna's Case

- Review received July 9th
- \$300/mo child support starting March 16th
- Timely = March 26th
- Start counting \$300/mo the next biweekly period: March 19th
- 15-day notice period August 6th
- Overpayment period = March 19th thru August 6th



Her copay will change from \$61 to \$90 for the next biweekly period allowing for a 15-day notice of adverse action. Using the Child Care Billing Form and Service period Calendar, in Donna's case, the 15-day notice period would be the biweekly period starting August 8th.

Her overpayment period is March 19 – August 6 which is 10 biweekly periods.

Donna's Case

	Correct	Previous
Annual Income =	\$37000	\$33400
Copay =	\$90	\$61

$$\$90 - 61 = \$29/\text{per biweekly period}$$

$$\$29 \times 10 = \$290$$



To calculate the total amount of the overpayment, multiply the biweekly overpayment amount (\$29) by the number of biweekly periods that occur during the overpayment period. In Donna's case, the overpayment is $\$29 \times 10 = \290 . The entire amount is a BSF claim.

Any questions about how to calculate a CCAP claim?

Establishment Date

- The date the agency computes the overpayment.
- This date helps determine the order claims are satisfied.



Once the overpayment is calculated, there are other factors that must be determined.

One factor is the claim Established Date. This is the date the Agency computes the overpayment using the computation form, or the date information is entered on MEC² to create an unapproved version of eligibility based on the received verification. The Established Date is often the same date the claim is entered on MEC². If the claim is not entered on the same date that overpayment computation is completed, the date will not be the same.

The Established date is important because claims are paid off based on their Established date.

Discovery Date

This is the date the agency receives the documentation necessary to calculate a claim



Another factor is the claim Discovery date. This date is the date the agency receives the documentation necessary to calculate a claim.

Discovery and Established Date

Example: On July 10th, Donna provided income verification needed to establish the claim.

You calculate the claim on 8/1/2012.

Discovery Date is: 7/10/2012

Establishment date is: 8/1/2012



For example:

Claim Type



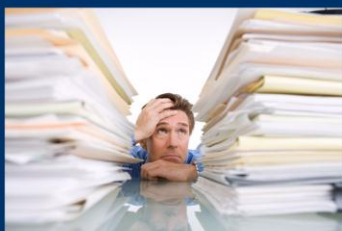
The claim types are agency error, client/household error, and fraud.

Choosing the correct claim type is important for establishing the recoupment amount and the order in which claims are paid off.

Claims are paid off in the following order:

1. Fraud
2. HH error
3. Agency error

Claim Reason



The claim reason should describe why the overpayment occurred. There are many types of claim reasons: HH no info, HH not timely information, Agency error, Benefits received pending appeal.

It is very important to code the claim reason correctly.

If there are multiple claim reasons, there will need to be multiple claims established.

For example, if the client fails to report required information timely, that is one overpayment. If the agency then fails to act on that change timely once it is reported, that is another overpayment.

This field impacts many processing decisions: notices, bills, setting claims to inactive and recoupment calculation. With active cases, recoupment will begin automatically.

Notice of Overpayment text: Why the Overpayment Occurred

- Who?
- What?
- When?



The Notice of Overpayment text will appear on the initial notice and any subsequent notice regarding the claim. It should help you re-create the puzzle of how the claim was determined. The text should explain to the client why the claim was established and the reason for the overpayment. The Notice of Overpayment will have some standardized information that doesn't need to be entered into the text such as: the period of OP, the sub-program, the current amount owed, and how any recoupment will begin. There is no need to add this information to the notice of overpayment text.

It should contain:

Who? Who caused the overpayment? The text should include what member's income should've been counted, or what member moved out. If the overpayment was due to unreported earned income, name the employer. Was it agency error?

What? What was required to have been reported, and what action was required to be taken.

When? When was the information supposed to be reported? When should the benefits have been reduced?

Documentation- Claim File

- Calculations
- Eligibility screens
- ADH documentation
- Verifications
- Requests for Verifications



Whether you keep a separate claim file, or keep it all in the case file, there are things that need to be maintained for the claim. If your case gets transferred out of county, be sure that sufficient claims documentation gets retained in your county to further assist with recovery efforts.

- How did you arrive at the claim calculation. Someone should be able to grab the documentation and arrive at the same result.
- The eligibility screens and the eligibility determination gets archived after two years, so won't be readily accessible for later collections issues or recovery appeals, or even a claim review!
- Any verifications or documentation that verification was requested is helpful with resolving claim collection disputes later.

Cover your butt!

Recovery Methods

■ Recoupment



Now that we have discussed what an overpayment is and who is potentially responsible, we need to discuss the various recovery methods.

The recovery methods are as follows:

- Recoupment
- Voluntary Repayment
- Civil Recovery
- Criminal Restitution

Please take out **HO 1-3**. The applicable method of repayment depends on whether the overpaid family or provider is a current or former participant.

The recovery method for collecting overpayments from participant families and current CCAP providers is recoupment. Let's start by looking at family recoupment and then to provider recoupment.

Go through HO 1-3.

If the recoupment causes the claim balance to go to zero, the system updates the Claim Status to "Closed" and a new eligibility result is created to adjust future recoupments.

Donna's Case

	Correct	Previous
Annual Income =	\$37000	\$33400
Copay =	\$90	\$61

$$\$90 - 61 = \$29/\text{per biweekly period}$$

$$\$29 \times 10 = \$290$$



Let's take a look at Donna's case again. Her total overpayment is \$290 and her new biweekly copayment is \$90. This is her first failure to report.

Looking at handout 3, what will the recoupment be?

Donna's Case

	Correct	Previous
Annual Income =	\$37000	\$33400
Copay =	\$90	\$61

$\$90 - 61 = \$29/\text{per biweekly period}$

$\$29 \times 10 = \290

$\$90 + 45 = \135



The greater of ½ the family's copayment or \$10. For Donna, it will be ½ of \$90 (\$45).

When recoupment for Donna's case takes effect, her new copayment will be \$135 (90 + 45).

This recoupment will continue until the claim is paid off. In this example, the claim will be paid off in 7 biweekly periods.

What questions do you have about determining a family recoupment?

Recovery Methods

■ Recoupment



When an ongoing eligible CCAP provider has an overpayment, the recoupment amount is as follows (from [HO 1-3](#)):

Agency or Family error

- Recoup the greater of 10% of the provider's payment or \$20

Providers failure to provide accurate information

- Recoup the greater of $\frac{1}{4}$ of the provider's payment or \$50

Violation of MN Statutes

Recoup the greater of $\frac{1}{2}$ of the provider's payment, or 10% of the overpayment, or \$100

The provider cannot charge families more to cover the cost of the amount recouped.

If the provider no longer cares for children receiving CCAP, they will be subject to the other repayment methods which we will discuss next.

Recovery Methods

- Recoupment
- Voluntary Repayment



Voluntary repayment takes place when a family or provider willingly agrees to repay the overpayment. The agreement is signed by the family or provider.

Use repayment agreements when participants or providers willingly agree to repay more than the recoupment amount. This is also used when the family is no longer eligible to receive CCAP or if the provider no longer cares for children receiving CCAP.

A voluntary repayment agreement or payment plan is sent out by MEC² when the CCAP case closes. When a completed agreement is received, it needs to be entered into MEC². Each month MEC² will send a bill to the client.

MEC² will send out four repayment notices. If one is not received, you will receive the following alert:

Claim #XXXX Fourth Notice of Overpayment mailed system noticed stopped. Review Claim.

You will need to determine if your agency wishes to pursue civil recovery.

Recovery Methods

- Recoupment
- Voluntary Repayment
- Civil Recovery



If voluntary repayment fails, or the responsible party is no longer in compliance with the agreements, you may decide to go through civil court.

If the overpayment is less than \$50, you may, but are not required, to recover.

If the overpayment is \$50 or more, seek voluntary repayment as a first option. If the responsible party refuses to cooperate, initiate civil court proceedings, unless the costs of recovery exceed the overpayment amount.

Keep a record of the overpayment in case the family reapplies and is determined eligible in the future or the provider begins to care for a child receiving CCAP in the future.

A family who owes an overpayment is not eligible for CCAP until either the debt is paid or satisfactory arrangements are made with your agency, and the family complies with the arrangements.

A provider who owes an overpayment is not eligible to care for children receiving CCAP until either the debt is paid in full or the provider is in compliance with a payment plan to repay the debt.

Your agency is entitled to keep 25% of recovered overpayments.

Recovery Methods

- Recoupment
- Voluntary Repayment
- Civil Recovery
- Criminal Restitution



Criminal restitution is recovery of an overpayment through the criminal judicial process rather than the civil one. This will occur when overpayments are determined as a result of fraud.

Any questions about recovery methods?

Claim Compromise

- Only available for non-fraud family claims
- 75% repaid within the 90-day time limit
- County retains 25% of the compromise payment amount



Compromising a claim consists of accepting a partial payment as full satisfaction of a claim on the condition that the payment is received promptly. Provider claims may not be compromised.

Compromise applies to all family claims, except when the overpayment occurred due to fraud, for which the initial notification of overpayment was issued through MEC². The text of all MEC² family overpayment notices, except for overpayments due to fraud, include language that advises the debtor of the right to have their claim compromised and the conditions that must be met to have their claim compromised.

Claims may be compromised by 25% if the remaining 75% is repaid within the 90-day time limit. Compromise amounts must be in the form of direct voluntary payment by a debtor.

The right to compromise does not apply when the overpayment occurred due to fraud.

A compromise payment is considered a collection. The county deposits the money they collect then reports the full 75% in MEC². DHS bills the county for 75% of the amount collected. The county can retain 25% of the compromise payment amount.

Resources

- CCAP Policy Manual Chapter 14
- MEC² User Manual
- Reports

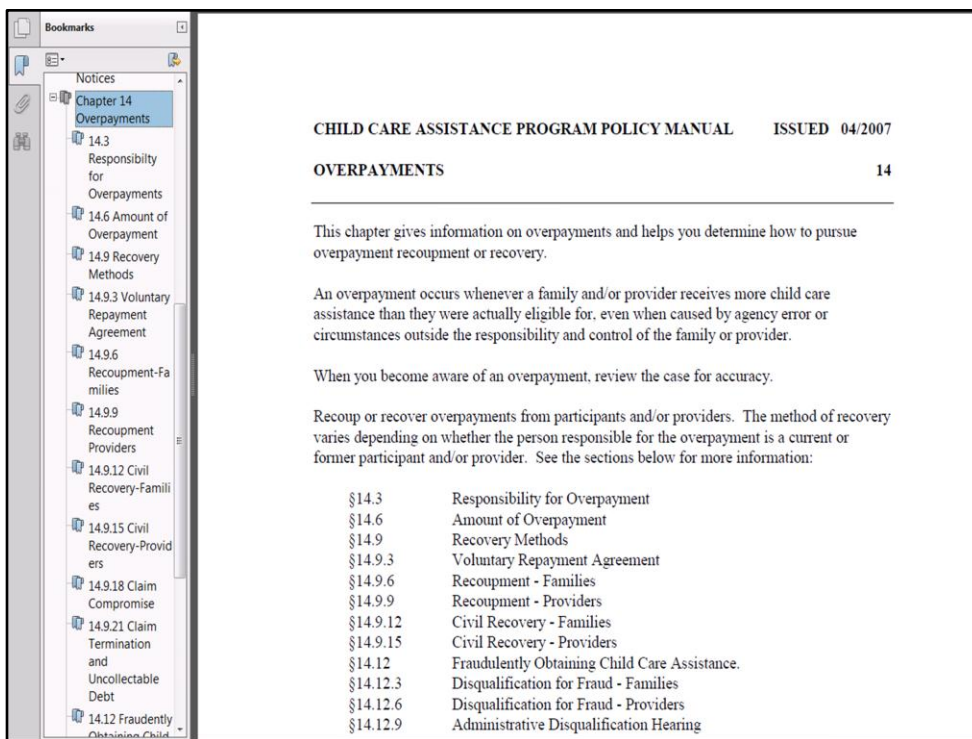


More detailed information on determining overpayments and entering claims on MEC² can be found in the:

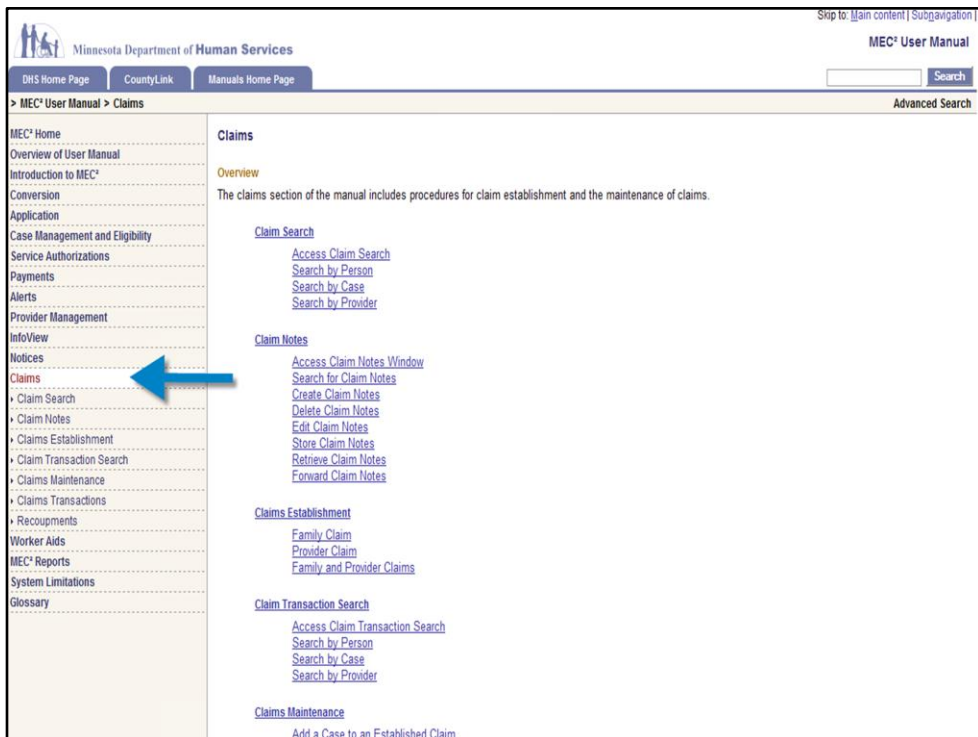
CCAP Policy Manual Chapter 14

MEC² User Manual

Claims Reports



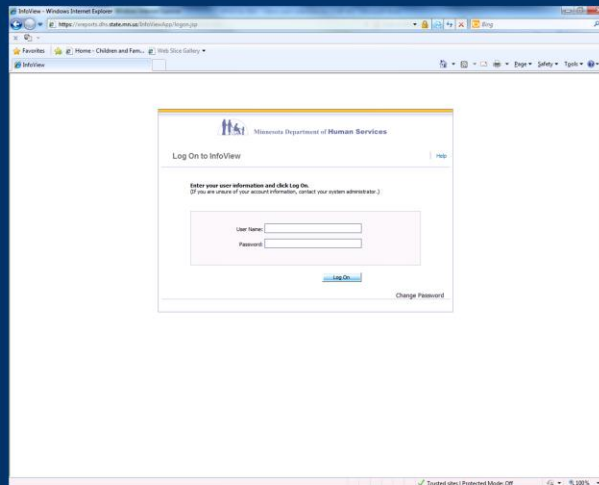
The Child Care Assistance Program Manual section on Overpayments is in Chapter 14. There are recent changes to this section so it may be helpful to review when determining overpayments.



The MEC² User manual has an extensive step by step section on entering claims on MEC² and includes instructions for:

- Claim Search
- Claim Notes
- Claims Establishment
- Claims Transaction Search
- Claims Maintenance
- Recoupments

Claim Reports



Certain Claims Reports are essential for maintaining claims. Security to access reports must be requested by the county security liaison. Access to the BOEXI Reports is determined by your county and your role.

These reports are sometimes referred to as MEC²Reports, BOEXI reports, Crystal reports.


Access to reports can be limited to just one report or multiple reports per worker. Counties can only access reports for their county. They run in real time against data warehouse, which is updated nightly.

Ad hoc reports can be run by special request on a daily, weekly and monthly basis. A TSS Help Desk Request form can be completed and submitted with the specific data needed.

For claims workers, information to manage claims are only found in the BOEXI claim reports. Please take out HO 1-4 for a list of Claims Reports. The handout details the:

- Report Number
- Report Name
- Report Description

Navigation to Reports can be done from within MEC² by using the Help dropdown menu, the link at the bottom of the Home Page, or through the Tools box by selecting Outside Links and MEC² Reports or on SIR/MEC/MEC² Links.


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MEC² Reports

Overview

MEC² Reports are created in a software package called Crystal Reports and published with software called BOEXI (pronounced Boxy). This section will describe the security, navigation, access and running of MEC² Reports, setting up preferences of what your initial view displays and how to change your password.

MEC² Reports will not display records if there is no data to display.

There is a master list of reports (title and number) on the [MEC² page of SIR](#) under MEC² Reports. This is also a good place to reference to for any issues that are current. The ability to download or print reports from the Reports website may be blocked by settings on your desktop web browser or your own network security. For solutions for this issue, refer to MEC² Reports on SIR.

[Security](#)
[Navigation and Logon](#)
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There is no training to access reports. Information on accessing reports can be found in the MEC² User Manual.

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Overpayment Examples



Let's go through the overpayment examples on HO 5 & 6.



Thank you for attending this workshop.

I would like to remind you that there are many resources available to you for ongoing claims questions. Review Policy Quest and the CM

Please turn in your evaluations. Honest and complete feedback is appreciated in order to help develop future technical assistance opportunities to workers.

Eligible for DWP?

Family units not eligible for DWP include:

1. Child only cases.
2. A minor parent without a high school diploma or its equivalent.
3. A caregiver 18 or 19 years of age without a high school diploma or its equivalent who chooses to have an employment plan with an education option.
4. An emancipated pregnant or parenting minor without a high school diploma or its equivalent who chooses to have an employment plan with an education option.
5. A caregiver age 60 or over, or a caregiver who will turn 60 during the proposed 4 DWP months.
6. A family unit with a caregiver who received MFIP benefits in Minnesota within 12 months prior to the month of application.
7. A family unit with a caregiver who has received 60 months of TANF assistance.
8. A family unit with a caregiver who has been convicted of fraud under MFIP, WB or DWP.
9. A family unit with a caregiver who is unlikely to benefit from DWP.
10. A 1-parent family unit that includes a child under 12 months unless the parent has already used all the 12 months lifetime ES exemption limit.
11. A 2-parent family unit in which BOTH parents meet 1 of the criteria identified in items 2 through 4.
12. A 2-parent family unit in which a parent meets 1 of the criteria identified in items 5 through 9.

****A 2-parent family unit that includes a child under 12 months of age (with no other DWP exclusion reason) must participate in DWP. One parent may claim the ES exemption for the care of a child under 12 months if, between them, they have not used the entire 12 months lifetime ES exemption while previously on MFIP or DWP.*

Unlikely to Benefit from DWP

- The participant is applying for SSI/RSDI.
- A participant is age 60 or over or a caregiver who will turn 60 during the proposed 4 DWP months.
- A participant is a legal non-citizen who has been in the United States 12 months or less.
- The participant has a Family Violence Waiver and is complying with an Employment Plan.
- The participant has an illness, injury, or incapacity that has been certified by a qualified professional, the condition is expected to continue for more than 30 days and severely limits the person's ability to obtain or maintain suitable employment.
- The participant's presence in the home is required as a caregiver due to the illness, injury, or incapacity of another member in the assistance unit, a relative in the household, or a foster child in the household when the condition, and the need for a person to provide assistance in the home, has been certified by a qualified professional and is expected to continue for more than 30 days.
- The participant has a child or adult in the household who meets disability or medical criteria for home care services, a home and community-based waiver services program, or meets the criteria for severe emotional disturbance or serious and persistent mental illness.
- The participant has been diagnosed by a licensed physician, psychological practitioner, or other qualified professional, as developmentally disabled or mentally ill and the condition severely limits the person's ability to obtain or maintain suitable employment.
- The participant has been assessed by a vocational specialist or the county agency to be unemployable.
- The participant has an IQ below 80, and has been assessed by a vocational specialist or a county agency to be employable but the condition severely limits the person's ability to obtain or maintain suitable employment.
- The participant was determined by a qualified professional to be learning disabled, and the condition severely limits the person's ability to obtain or maintain suitable employment.
- A family unit with a refugee caregiver who arrived in the U.S. within 12 months of applying for family cash assistance or a family unit with an asylee caregiver who is approved for asylee status within 12 months of applying for family cash assistance.

DWP/MFIP Screening Tool

If client answers NO to any of the screening questions, review for DWP eligibility. If client answers YES to any of the questions, see below for more information to determine which program is appropriate for the client.

1	Have you received DWP or MFIP in the last 12 months?	There is no basis of eligibility for DWP. Review for MFIP eligibility.
2	Do you have a child under 12 months of age?	There is no basis of eligibility for DWP unless there is a 2-parent household or client has already used the child-under-12-months exemption. Review for MFIP eligibility.
3	Are you age 60 or older?	If a caregiver, there is no basis of eligibility for DWP. Review for MFIP eligibility. Persons 60 and over also meet the “unlikely to benefit” criteria. This includes those turning 60 during the 4 month DWP period.
4	Does the doctor say you are unable to work for at least 30 days or more due to illness, incapacity or pregnancy complications?	Meets the “unlikely to benefit” from DWP criteria. Review for MFIP eligibility. Must be certified by a qualified professional and severely limit the person’s ability to obtain or maintain suitable employment.
5	Are you needed in the home to care for a family member who is ill?	Meets the “unlikely to benefit” from DWP criteria. Review for MFIP eligibility.
6	Does someone in your household have special medical needs?	Meets the “unlikely to benefit” from DWP criteria. Review for MFIP eligibility. See CM 0011.36 for information on Special Medical Criteria.
7	Are you getting or have you applied for SSI or Social Security Disability?	Meets the “unlikely to benefit” from DWP criteria. Review for MFIP eligibility. This includes those appealing a denial of an SSI or RSDI application.
8	Are you applying for cash help for the children only?	There is no basis of eligibility for DWP. Review for MFIP eligibility.

9	Are you 18 or 19 years old? Do you have your high school diploma or GED now? Do you want to get your high school diploma or GED now?	There is no basis of eligibility for DWP. Review for MFIP eligibility. This includes a minor parent without a high school diploma or equivalent, or a 18 or 19 year old caregiver or an emancipated pregnant or parenting minor without a high school diploma who chooses to have an employment plan with an education option.
10	Are you a legal immigrant, refugee or asylee that has been in the United States for less than 13 months?	May meet the “unlikely to benefit” from DWP criteria. Legal non-citizens who have been in the United States less than a full 12 months after their month of entry meet the “unlikely to benefit” criteria. Review for MFIP eligibility.
11	Has anyone in your home physically hurt you or your children?	May meet the “unlikely to benefit” from DWP criteria. Those with a Family Violence Waiver and who are complying with an Employment Plan meet the “unlikely to benefit” criteria. Review for MFIP eligibility.
12	For people applying in Anoka, Hennepin and Ramsey Counties only: Are you an enrolled member of the Minnesota Chippewa Tribe? (<i>Fond du Lac, Leech Lake, Bois Forte, White Earth, Mille Lacs or Grand Portage</i>)	Do not consider DWP eligibility. These individuals have the option to receive either MFIP through the county or Tribal TANF administered by staff of the Mille Lacs Band. To participate in the Tribal TANF program there must be at least 1 active adult enrolled in the Minnesota Chippewa Tribe. Child-only cases must receive MFIP benefits through the county where the child resides. See CM 0029.06.24.03 for information on the Minnesota Chippewa Tribe.

Combined Manual References:

Bases of Eligibility: CM 0013.03, CM 0013.03.03, CM 0013.05
 Unlikely to benefit from DWP: CM 0008.06.24

Intensive ES

- **Interview within 5 working days**
- **Refer to ES within 1 day of potential eligibility**
- **EP in 10 working days**
- **ES to notify within 1 day of signature**
- **Approve within 24 hours**
- **CCAP?????**

CM 0005.12.12

DWP Initial Income

Person Budget

Complete a Person Budget for each eligible member

1. Total Earned Income \$ _____
2. 18% Earned Income Disregard \$ _____
3. Allocation \$ _____
4. Child Support Deduction \$ _____
5. Counted Earned Income \$ _____ Line 1 - line 2 - line 3 - line 4

DWP Initial Income Test

1. Counted Earned Income \$ _____ From line 5 of person budget(s)
2. Dependent Care Deduction - \$ _____ Allowed in Initial Income Test only
3. Counted Unearned Income + \$ _____ From person budget(s)
4. Deemed Income + \$ _____ Net amount from deemer budget(s)
5. Total Counted Income = \$ _____ Line [(1 - line 2) + line 3 + line 4]
6. Transitional Standard \$ _____ If line 5 is less than line 6, unit passes Initial Income Test

**** This is not a DHS form. This worksheet is for training purposes only. ****

DWP Budget Calculation

Step 1: Initial Asset and Income Tests

- \$2000 initial asset test
- 18% earned income disregard in the initial test.

If the family passes the asset and initial income tests, determine the DWP benefit

Step 2: Family Maintenance Needs

- Rent + Utilities + Phone (\$35) + Personal Needs Allowance = Total Basic Need
(Personal Needs Allowance = \$70 x number of DWP unit members)

Step 3: Counted Income

- Gross Earned Income – 40% = Net Income
- Net Earned Income + Unearned Income = Total Counted Income

Step 4: Grant Calculation

- Total Basic Need Amount – Total Counted Income = Net Need

Step 5: Net Need vs. MFIP Cash Portion

- Issue whichever is smaller: Net Need or MFIP Cash Portion

DWP Grant Determination

Step 1: Initial Income and Asset Tests

Passed initial asset test?	Y	N
Passed initial income test?	Y	N

Step 2: Family Maintenance Needs

Rent	+	_____
Utilities	+	_____
Phone (\$35)	+	_____
Personal Needs Allowance (\$70 X number of DWP unit members)	+	_____
Family Maintenance Needs	=	_____

Step 3: Counted Income

Total Counted Income	-	_____
----------------------	---	-------

Step 4: Grant Calculation

The maximum monthly benefit is the difference between the family maintenance needs and the unit's countable income.

Net Need	=	_____
----------	---	-------

Step 5: Net Need vs. MFIP Cash Portion

The amount of the DWP grant is either the net need or the MFIP Cash portion, whichever is less

MFIP Cash portion	=	_____
-------------------	---	-------

DWP Grant	=	_____
-----------	---	-------

SIR Logon

The address of the SIR site is <https://www.dhssir.cty.dhs.state.mn.us>. You must use "https" instead of just "http" because of the encrypted nature of the site. You can bookmark it in your Favorites list.

When you log in, you will always be prompted for a user name and password. Your user name is your X1 number.

Your SIR password is separate from PRISM, MAXIS, MEC² or any other system. Changing your password for any of those systems **does not** change your SIR password (and vice versa). The password does not expire. It must be eight characters and include at least one upper and lower case letter, one character and one number. Contact your security liaison for security access to SIR.



Enter Network Password

This secure Web Site (at www.dhssir.cty.dhs.state.mn.us) requires you to log on.

Please type the User Name and Password that you use for mn-dhscs.

User Name

Password

☐ Save this password in your password list

OK Cancel

SIR Home Page

After entering your user name and password, you will be taken to the SIR main page:

My Site | My Links | Welcome Albrecht, Gary | Site Actions

DHS-SIR

DP, MAVIS, MEC, PRISM, SMI, SAM, SDS, SFS, Help

Search

DHS-SIR

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System Availability + Announcements + Mon 15 Jun 09 :: 7:35:33am

System	Status	Announcements
Child Support Calculator	Green	DHS-SIR SMI Display with Internet Explorer Version 7.0 New SMI Display
EBT/EDGE	Green	MEC² New Version Installed Claim Notices of Overpayment SA Reopen, No Notice To Provider
Learning Centers	Green	PRISM 3756 Updated Monthly Billing Statements 3757 New DORD Document P5000-Waiver of Personal Service
MAVIS	Yellow	MEC² / MAXIS New Provider Status - Background Study in Process Head Start Programs that Qualify for CCAP Payments CL 103 CCAP Claims Exception Report CL 105 CCAP Recoupment Backout Report
MEC ²	Yellow	SAM 3753 Label changes to DORD document F0009 Admission of Service. 3752 New Worker Classes in Brainerd in June and July
PRISM	Green	SMI MA Eligibility Activation Schedule
SAM	Green	
SIR Mail	Green	
SIR Site	Green	
SMI	Green	
TSS Reports	Green	

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- Frequently Asked Questions
- Questions or Comments
- Service Delivery System Security Form
- Web mail distribution lists
- MEC² Security Clearance Request

System Availability

The System Availability area of the SIR home page shows current status information for each Service Delivery System. The colored Status icons provide a quick visual of each system's status:

Green = Up and Running

Yellow = Problems

Red = Down

This listing is updated directly by the state staff in charge of each system. The information appears on the SIR site immediately after the list is updated.

System Availability	
Title.	Status
Child Support Calculator	
EBT/EDGE	
Learning Centers	
MAXIS	
MEC ²	
MEC ² Integration	
PRISM	
SAM	
SIR Mail	
SIR Site	
SMI	

The System Availability list includes other information in addition to the Status icons. When state staff update the list, they also can enter comments.

To view the entire status message about a particular system, click on the name of that system in the list.

System Availability: MAXIS
 Close

New Item | Edit Item | Delete Item | Manage Permissions | Alert Me

Title.	MAXIS
Comments	The MAXIS System is up and running normally at this time.
Status	

Created at 8/21/2007 12:57 PM by [Albrecht, Gary](#)
 Last modified at 2/7/2008 1:58 PM by [Huston, Terri](#)
Close

- Announcements

Announcements are replacing MAXIS MAIL to ALL. Announcements can be viewed from the SIR home page or the appropriate system home page (MAXIS/MEC²/MMIS). They are posted for 30 days then available from Link area of system page under Previous Announcements. They are in Previous Announcements for 90 days then archived. Contact TSS HD for MAXIS/MEC² or MMIS HD for MMIS archived announcements greater than 120 days.

Top Navigation Bar to System Pages

The navigation bar is visible across the top of each page.

Its tabs are links to the top-level content pages for each Service Delivery System or Business Area currently using SIR to communicate with county staff:



The DHS logo and the text *DHS-SIR* are both links that will always bring you back to the home page. The Help tab links to user documentation about the site.

- Forms

The web forms for that system area are available to link to in the upper right portion of the MAXIS, MEC² and MMIS pages. A description of each form and a link to that form is also available in the Content Areas under Forms.

Web Form Links ▼

- [TSS Help Desk Request](#)
- [TSS Help Desk EBT Request](#)
- [TSS BENE Request](#)
- [TSS BENE EBT Security Change Request](#)
- [TSS BENE PMI FC-AA Request](#)
- [VIP MEC² Tax Information Change Request](#)
- [MAXIS Vendor Request](#)
- [TSS Unsuspend Request](#)

The following forms are available on the MAXIS and MEC² pages:

- TSS Help Desk Request
- TSS Help Desk EBT Request
- TSS BENE Request
- TSS BENE EBT Security Change Request
- TSS BENE PMI FC-AA Request
- VIP MEC² Tax Information Change Request
- MAXIS Vendor Request
- TSS Unsuspend Request

The following forms are available on the MMIS page:

- Client Option Spenddown
- NPI Request
- EVVE
- General Request

The following forms will be available on the MMIS page for Managed Care:

- HPEN
- MADJ

When a form is completed and submitted, it is received by the appropriate state staff area and assigned to a state worker for resolution.

TSS Help Desk Request

INFORMATION ABOUT YOU:
Your User ID:
Your Phone #:

Request Information

Case Number (if applicable):

Provider Number (if applicable):

System : ☐ MAXIS ☐ MEC2

Request Description:

When a form is submitted, the “Form Submitted By SIR, X#” message appears on the bottom of the form and a copy of the form is in the worker’s Sent mailbox.

Form Submitted By SIR, X0TEST7

The county worker who submitted the form will receive a response in their SIR webmail Inbox that the incident has been assigned which will include the incident number.

DHS Magic incident assigned# (85486)

TSSTRK-IN@cty.dhs.state.mn.us [TSSTRK-IN@cty.dhs.state.mn.us]

To: SIR, X0TEST7

Cc:

***NOTE: Do not modify the subject line of this email if replying.

Incident Ticket # 85486 has been assigned to a support staff.

Incident Number: 85486

Open Date: 8/5/2010 9:27:34 AM

Incident Description: TSS Help Desk Request

Requestor Name: <X0TEST7>

Requestor Phone #: 612-xxx-xxxxx

Case Number: ^123456^

Provider Number:

System: MAXIS

Request Description: Can you remove the 08/02/2010 application entered in error?

Thanks.

Any communication between the state and county worker will be through SIR webmail. This may include a request for additional information from the state worker. If additional information is requested, the county worker will receive an email with the request for additional information at the bottom of the email. When an incident is resolved, the county worker will receive an email in SIR webmail that the incident is closed and the resolution.

DHS Magic Incident (85486) has been closed.

TSSTRK-IN@cty.dhs.state.mn.us [TSSTRK-IN@cty.dhs.state.mn.us]

To: SIR, X0TEST7

Cc:

Closed By: Brenda Hennek
Incident Description: TSS Help
Desk Request

Requestor Name: <X0TEST7>
Requestor Phone #: 612-xxx-xxxxx

Case Number: ^123456^
Provider Number:
System: MAXIS
Request Description: Can you remove the
08/02/2010 application entered in error?
Thanks.

Case Number: 123456
Incident Resolution: The
application has been removed and the case has
been set back to inactive.

- About SIR Mail

SIR Mail provides secure, encrypted transmission of email between state and county staff and county to county staff. A county worker's SIR email address is their X1# followed by @cty.dhs.state.mn.us. It cannot be sent to email accounts outside the DHS-SIR directory, including county email systems.

Communications between state and county, county to state and county to county, containing private data should now be sent to a county worker's SIR mail address. This address will be populated in the REPT/USER panel in MAXIS and the User window in MEC².

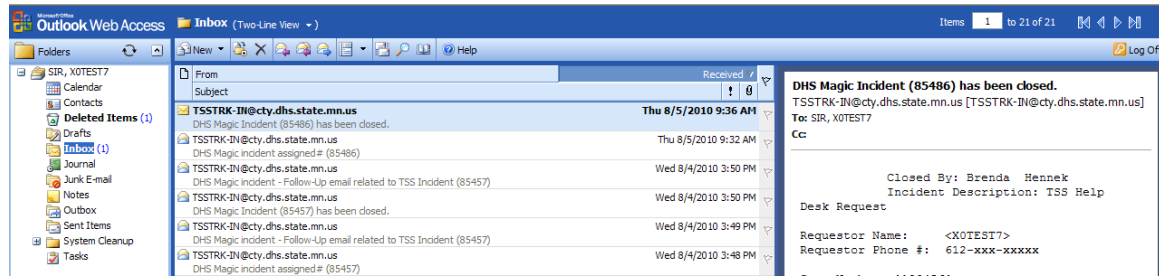
To launch SIR Mail, click the Webmail link located on the right side of the SIR and MAXIS and MEC² and MMIS home pages:



SIR Mail launches a new browser window; so the SIR site and SIR Mail can be open at the same time. It will prompt you to enter your ID and password again.

Below is a URL of email mini lessons to personalize your SIR email options:

<https://www.dhssir.cty.dhs.state.mn.us/PRISM/Documentation/Training/Job%20Aids/emailpermen.htm>



- SIR Mail Cleanup

Regular cleanup of SIR mailboxes will occur every Saturday night at midnight to keep the mail system running smoothly. There are two stages to the cleanup.

Cleanup #1 - Inbox items older than 30 days are moved to the Systems Cleanup folder

If cleanup #1 moves mail, the following email will be appear in the user inbox:

- The DHS-SIR Web Mail Server, Mailbox Manager has performed an automated cleanup of your mailbox and per policy the process has moved items older then 30 days to the Systems Cleanup folder within your mailbox. Items that have been moved to the System Cleanup folder will remain until they are more than 120 days old, at which time they will be moved to the Deleted Items folder. The Mailbox Manager has also removed items older than 7 days from your Deleted Items folder.

The number of items moved will be indicated.

Automated mailbox process has completed for your mailbox.

Cleanup #2 - Systems Cleanup folder items are moved to the Deleted Items Folder

If cleanup #2 moves mail, the following email will appear in the user inbox:

- The DHS-SIR Web Mail Server, Mailbox Manager has performed an automated cleanup of your mailbox's Systems Cleanup folder and per policy older then 120 days have been moved to the Deleted Items Folder within your mailbox.

- Help

Help is available from the toolbar on each page. You will find information here to help you use the SIR web site. The New User Orientation pages listed will give you a visual walkthrough of the various features of DHS-SIR.

- Alerts

You can set an alert to notify you each time an addition or change occurred on a specific page or web part of a page. See <https://www.dhssir.cty.dhs.state.mn.us/Help/HelpForVisitors/Libraries/Pages/Manage%20Alerts.aspx> for procedures to set up, view, change and cancel an alert.

To set up an alert, click Welcome *User name*, at the top of the site. Then click My Settings. Click My Alerts, then Add Alert. Select a list or web part you want to keep track of. You may also View this list to track one of the individual items. After creating an alert, you'll receive an email notifying you of the changes.

To change your alert settings, click Welcome *User name*, and then click My Settings. Click My Alerts. Click the name of the alert you want to change. On the Edit Alert page, change the settings that you want to change. Click OK.

To cancel an alert, click Welcome *User name*, and then click My Settings. Click My Alerts. Select the check box next to the alert or alerts that you want to cancel. Click Delete Selected Alerts. Click OK.

- Using Distribution Lists

The POLI/TEMP section (TE02.13.44) of MAXIS Mail Codes will be updated to display the previous mail code and the web form or mail address it was replaced with.




Distribution lists is a collection of contacts. Using a distribution list provides an easy way to send an email message to a group of people. County workers will be able to create their own distribution groups in SIR mail. This is especially practical if you work with teams and need to regularly communicate with all members of that list.



Some global distribution lists will be created by DHS for use by large ongoing groups to communicate with each other.


A TSS Web Mail Distribution Lists web page will be accessible from the Important Links area of the SIR homepage and the MAXIS and MEC² Links area. This page will note the distribution lists that were created by DHS.

Send an Email to a Distribution List

To send an email to a distribution lists in SIR Web Mail:

1. First click the New  button to open a new email
2. Click on the address book icon  on the toolbar
3. Type an ampersand (@) in the **Display Name** field
4. Click the **Find** button - a list of all current distribution lists will be displayed
5. Click once to select the distribution list you want to use
6. Click on the New Message button  to add the distribution list to the TO: line of your email
7. Click the Close button to close the **Find Names** window.

 **Find Names -- Web Page Dialog** 

Find names in: 


Display name:

Last name: First name:

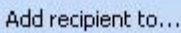
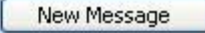


Title: Alias:

Company: Department:

Office: City:



Name	Phone	Alias
@Anoka-Security		@Anoka-Security
@Becker-Security		@Becker-Security
@Beltrami-Security		@Beltrami-Security
@Benton-Security		@Benton-Security
@Big Stone-Security		@BigStone-Security
@Blue Earth-Security		@BlueEarth-Security
@Brown-Security		@Brown-Security
@Carlton-Security		@Carlton-Security
@Carver-Security		@Carver-Security
@Cass-Security		@Cass-Security

General Assistance Self-Sufficiency Accounts

A tool to help people on GRH live independently

Effective October 1, 2012

<i>What are GA Self-Sufficiency Accounts?</i>	A special bank account, where you can save up to \$2,000 that you earn while enrolled in the Group Residential Housing (GRH) program. The money deposited into these accounts is not counted toward your monthly income for GRH.
<i>Who can participate?</i>	Eligible adults are those who: <ul style="list-style-type: none">• live in Group Residential Housing,• are on General Assistance, AND• have discharge and work as part of their service plan.
<i>How can I spend the money?</i>	Discharge and work must be part of the service plan approved by your county. You cannot spend the money before discharge. If you do, it counts as income under the rules of the GRH program. One exception is that you may spend it to transition to self-sufficiency, such as paying damage deposits for new housing that will be available after discharge.
<i>How much can I save with this account?</i>	You can save up to \$2,000 total. It must be kept in a separate account. You can deposit up to \$500 per month into this account. The amount you deposit is not counted as income for the GA or GRH programs. That is, the amount you deposit is disregarded from your income as long as it remains in this account.
<i>How do I set up the account?</i>	First, create an account with a bank of your choice and notify your county financial worker. You have 10 days to notify your financial worker after creating the account or starting employment. Each month, you must prove that the money is being deposited in the account, and that you are not spending the money before discharge. For more information, contact your GRH program staff or your county financial worker.

Minnesota's Adult Income and Housing Supports



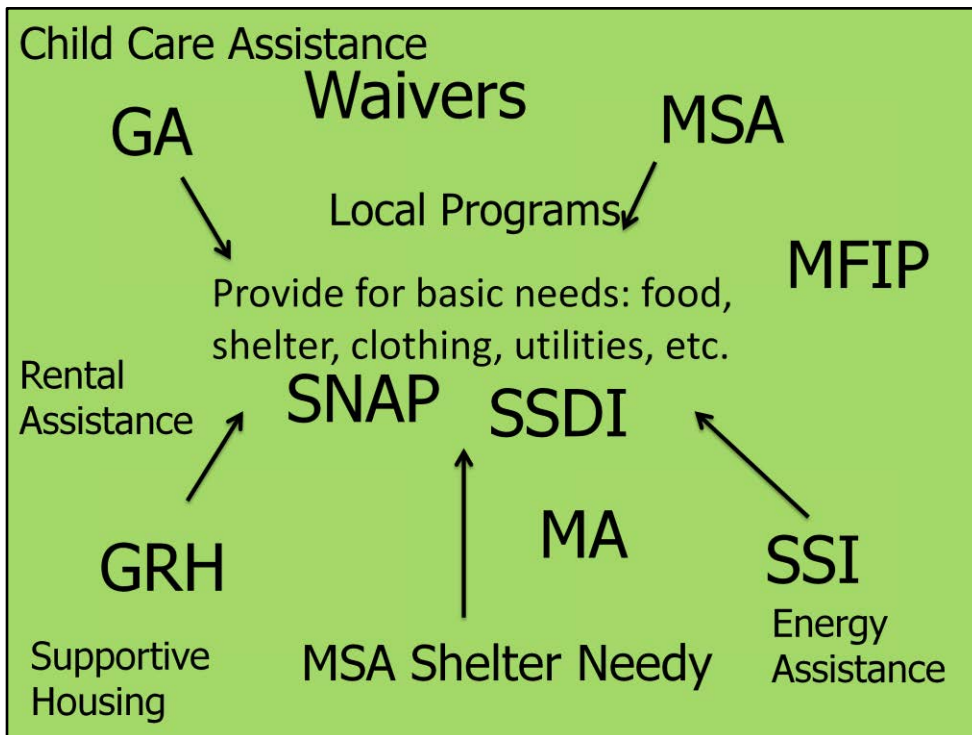
MFW/CAA Conference
September 20, 2012

Session Objectives

- Provide basic information on MN's Adult Income and Housing Supports
- Clarify policy issues and answer questions
- Explore how to use the programs creatively to effectively assist people

Adult Income Support Programs

- General Assistance (GA)
- Emergency General Assistance (EGA)
- Minnesota Supplemental Aid (MSA)
- MSA Shelter Needy
- Group Residential Housing (GRH)



General Assistance (GA)

- Primary safety net for single adults and couples without children
- Average monthly caseload of 20,000 in 2011

GA Maximum Monthly Benefit

\$203

(individual)

(\$260 for a couple, \$250 for minor not living
with parent)

GA Eligibility Criteria

- **Income** less than \$203/month or \$260/month for a couple after deductions and disregards
 - Earned income disregard
 - Work expense deduction
- **Assets** less than \$1,000
 - Excluding things like the home in which the person lives, household goods, one burial space, burial accounts up to \$1,000 and vehicle needed for self-employment

GA Bases of Eligibility

- **Permanent or temporary Illness** (dr. statement)
- Caring For Another Person (no one else able)
- **Placement In A Facility**
- Women In Battered Women's Shelter (Public Safety contract)
- **Unemployable** (vocational assessment)
- **Developmental Disability or Mental Illness** (qualified professional)
- **Advanced Age** (55 or older) & limited work ability
- Displaced Homemaker Full Time Student

GA Bases of Eligibility

- Performing Court Ordered Services (prevented from working at least 4 hours/day)
- Learning Disability
- English Not Primary Language (over 18 & in high school at least ½ time)
- People Under Age 18 who are not members of a family
- Drug/Alcohol Addiction (medically certified as material factor in disability)
- **SSDI/SSI Application/Appeal Pending**

Interim Assistance Agreement

- GA clients who appear to be eligible for SSI must sign an interim assistance agreement (DHS 1795)
- SSI reimburses the state for any GA or GRH received during retroactive SSI eligibility

SOAR & SSI Advocacy

- Qualified advocates to help in SSI application process
- Many also help with reconsiderations and appeals
- SOAR: specific to people who are homeless or at risk of homelessness and who have a mental health condition

GA SSI Outreach

- 4,623 MA/AX and/or GA enrollees identified as “likely disabled”
- 866 identified as having condition on SSA’s Compassionate Allowance List (CAL)
- 9/7/12 - letter sent to tell enrollees they may qualify for SSI or SSDI
- Contact the Disability Linkage Line
- Referrals to the SSI Advocacy or SOAR agencies

Applying for GA

- **Combined Application Form (CAF)**
 - Date of application determines program start date.
 - Only page 1 of the CAF must be complete to set the date of application (name, address and signature)
 - Interview is required
 - 30 day processing period

Emergency General Assistance (EGA)

- Emergency financial assistance
 - Emergency need that threatens health or safety
 - Net income under 200% FPG previous year
 - Cannot exceed 30 days
 - Can be used only once in 12 months
- Annual county allocation
 - Aid is subject to availability of funds
 - Aid available could be up to amount needed to resolve emergency, based on availability of funds

Minnesota Supplemental Aid (MSA)

- Monthly cash supplement to Supplemental Security Income (SSI) payment
- Average monthly caseload of 28,608 persons receiving MSA in 2011

MSA Maximum Monthly Benefit

\$81

(individual)

(MSA=\$111 for couples)

(additional \$ for special needs)

MSA Eligibility Criteria

- Must be receiving Supplemental Security Income (SSI) or would be except for excess income
- If not receiving SSI must be
 - Age 65 or older
 - Blind, or
 - Disabled

MSA Assistance Standards

- | | |
|--|---------|
| • Person living alone | \$759 |
| • Person living with others | \$558 |
| • Married couple living alone | \$1,139 |
| • Married couple living with others | \$763 |
| • Living in facility <small>(personal needs allowance)</small> | \$92 |

MSA Living Arrangements

- Some people receiving SSI may not be eligible for MSA because of differences in the way SSA determines the Federal Living Arrangement (shown on STAT/MSSA) vs. the MSA living arrangement determination
- Remember: people who are eligible for an HCBS waiver, GRH or Shelter Needy are always considered living alone

MSA Benefit Calculation Example

\$698 (SSI FBR)

- 20 (general income disregard)

\$678 Net income

\$759 (Assistance standard person living alone)

- 678 (Net income)

\$81 MSA Benefit

MSA Special Needs

- Special Diets
- Restaurant Meals
- Guardian/Conservator Fees
- Representative Payee
- **Shelter Need**
- Home Repairs
- Household Furnishings & Appliances

MSA Shelter Needy Eligibility

- Must be:
 - Eligible for MSA (or would be upon discharge from institution), and
 - Under age 65 (grandfathering allowed), and
 - Relocating from institution, **or**
 - Eligible for self-directed supports (CDCS), **or**
 - Waiver recipient living in their own place
- Monthly shelter costs must exceed 40% of gross monthly income
- Must apply for subsidized housing

MSA Shelter Needy

- People who qualify for MSA Shelter Needy are always considered “living alone”
- Add \$200 to the “living alone” assistance standard
- MSA Shelter Needy assistance standard = \$959
- Results in MSA Shelter Needy payment of \$281

MSA Special Needs

Special needs amount is added to the assistance standard before income is subtracted

Example:

\$759 (Assistance standard person living alone)

+200 (Shelter Needy)

959

\$959 (Assistance std. + special need amount)

- 678 (Net income)

\$281 MSA Benefit

GROUP RESIDENTIAL HOUSING (GRH)

- Started in 1992
- Income supplement paid on behalf of individuals to purchase “room and board”, and in some cases – services
- To prevent or reduce homelessness or institutional residence
- 18,000 people currently using GRH in MN

GROUP RESIDENTIAL HOUSING (GRH)

■ Definitions

- **GRH client:** individual receiving GRH income supplement
- **Vendor:** entity receiving GRH payment
- **Service Provider:**
 - GRH Housing service provider: administers room and board (handles rent, utilities, food, household needs)
 - GRH Supplemental service provider: provides supportive services and/or health-related services
 - Waiver service provider: provides services eligible under an MA waiver

GROUP RESIDENTIAL HOUSING (GRH)

■ **GRH Housing Rate**

(Room and Board, Rate 1, Base Rate)

■ **\$867, eff. 7/1/12**

■ Rent, Utilities, Food (\$200)

■ Anything left: Furnishings, Phone,
Transportation

■ NOT services, clothing, medical costs

GROUP RESIDENTIAL HOUSING (GRH)

■ **Bases of Eligibility for GRH Housing Rate**

- At least 18 years old

and

- Eligible for SSI

or

- Eligible for GA

GROUP RESIDENTIAL HOUSING (GRH)

■ **Eligibility for GRH Housing Rate**

- Income: Less than \$959/month
- Assets:
 - SSI Basis of Eligibility: \$2,000
 - GA Basis of Eligibility: \$1,000
(can be \$2,000 if Earned Income Savings program,
effective October 2012)

GROUP RESIDENTIAL HOUSING (GRH)

■ **Types of GRH Housing**

- Adult Foster Care
- Board and Lodge
- Board and Lodge w/ Special Services
- Supervised Living Facility
- Non-Certified Boarding Care
- Housing w/ Services
- Housing w/ Services for Homeless
- Tribe Certified

GROUP RESIDENTIAL HOUSING (GRH)

■ **GRH Housing Requirements**

- Must be Licensed or Registered with
 - MN Department of Health, or
 - MN Department of Human Services, or
 - Tribal Government
- Must have GRH Agreement w/ County

GROUP RESIDENTIAL HOUSING (GRH)

■ **GRH Supplemental Service Rate**

(Service Rate, Rate 2)

- **\$459.85** (or higher if Legislature authorized an exception)
- **Only if not eligible for waiver or PCA services**
- Only certain residences are eligible
- Moratorium on new development

GROUP RESIDENTIAL HOUSING (GRH)

■ **Bases of Eligibility for GRH Service Rate**

- Must have illness or incapacity which prevents from living independently in the community
- Must have county-approved plan of care
- Must reside in authorized setting and receive GRH Housing Rate

GROUP RESIDENTIAL HOUSING (GRH)

■ **Application**

- Combined Application Form (CAF) w/ required verifications (income, assets, etc.)
- Required to apply for other programs for which they are eligible (SSI, MA, etc.)
- County manages approval

GROUP RESIDENTIAL HOUSING (GRH)

■ **County Approval**

- Confusion re: language and process
 - Approval is for:
 - Authorizing payment
 - Housing Rate vs. Service Rate
 - Approving plan of care
 - If Service Rate
 - If required for GA basis of eligibility

GROUP RESIDENTIAL HOUSING (GRH)

■ GRH Countable Income

GROSS INCOME		GA Basis	SSI Basis
SSI Standard (FBR)/RSDI	+ \$		698.00
Other Unearned Inc.	+ \$		
Earned Income	+ \$		
Total Income	= \$	0.00	698.00
DEDUCTIONS			
Personal Needs	- \$	92.00	92.00
Community Living Adj.	- \$		0.00
COUNTABLE INCOME	= \$	0.00	606.00

GROUP RESIDENTIAL HOUSING (GRH)

■ GRH Budget Results

Eligibility		GA Basis	SSI Basis
GRH Vendor Number		00XXXXXX	00XXXXX
Total Days		31	31
VND2 Rate Limit		1326.85	1326.85
VND2 Rate + DOC		1326.85	1326.85
PAYMENT			
GRH (State) AMT	+	1326.85	1326.85
Counted Income	-	0.00	606.00
TOTAL PAYMENT	=	1326.85	720.85

GROUP RESIDENTIAL HOUSING (GRH)

■ **GRH Payments**

- County authorizes, DHS pays to vendor
- Housing rate and service rate combined into one payment ($867 + 459.85 = 1,326.85$)
- Vendor collects any client obligation (countable income)
- Vendor keeps service portion for services, pays housing portion toward rent, utilities, food, transportation

GROUP RESIDENTIAL HOUSING (GRH)

■ **GRH and Food Support**

- In some settings, individuals can be eligible for SNAP in addition to their GRH income supplement, IF less than 50% of nutritional needs are met by vendor and they have full kitchen to prepare food.

- Housing with Services
- Metro Demo
- Tribe Certified

GROUP RESIDENTIAL HOUSING (GRH)

■ **Other FAQ**

- Absent Days
- Couples
- Difficulty of Care (DOC)
- Family budgets (MFIP)
- Overpayments
- VND2

GROUP RESIDENTIAL HOUSING (GRH)

■ **Choice**

- Individual choice
- Provider choice
- County choice
- Right to appeal

GROUP RESIDENTIAL HOUSING (GRH)

Department of Human Services

GRH Policy

Kristine Davis

651-431-3845

kristine.davis@state.mn.us

dhs.adultincomesupport@state.mn.us

Resources

- **SSI Advocates & SOAR Providers**
 - <http://edocs.dhs.state.mn.us/lfserver/Public/DHS-5889-ENG>
- **Senior Linkage Line:** 1-800-333-2433
- **Disability Linkage Line:** 1-866-333-2466
- www.DB101.org (work & benefits)

Resources

Adult Supports Group Email: dhs.adultincomesupport@state.mn.us

Beth Grube – GA, MSA & SSI

651-431-3839

Beth.grube@state.mn.us

Kristine Davis – GRH & Housing

651-431-3845

Kristine.davis@state.mn.us

Group Residential Housing

This state-funded income supplement program serves more than 18,200 elderly and people with disabilities each month.

Group Residential Housing (GRH) is a state-funded income supplement program that pays for room-and-board costs for low-income elderly and adults with disabilities living in some licensed or registered community-based settings.

How does it work?

- A county human service agency approves placements in authorized GRH settings.
- GRH pays for room and board in more than 6,111 licensed or registered settings. About 4,373 of those settings are adult foster care homes. Other settings include boarding and lodging establishments, supervised living facilities, noncertified boarding care homes, housing with services establishments and other assisted living settings.
- GRH makes service payments for low-income elderly and adults with disabilities in some foster care and other settings if they cannot access service payments from other sources, such as home and community-based waiver programs.
- GRH payments are made to housing providers on behalf of eligible recipients.

Who is served?

- In fiscal year 2011, the GRH program served a monthly average of 18,200 elderly and people with disabilities. Without GRH, program recipients likely would be in institutional placements or homeless.
- Approximately 17 percent of GRH recipients are seniors.
- Of GRH recipients less than 65 years of age, all have a combination of factors that limit their self-sufficiency, including physical or mental health disability, visual impairment and chemical dependency.
- GRH recipients must meet a combination of eligibility requirements set by the Supplemental Security Income program or General Assistance.

What does it cost?

- The current GRH room and board limit is \$867 per month; the average monthly payment per recipient is approximately \$530
- The GRH statewide standardized limit for people who are eligible for service payments through GRH is \$459.85 per person, per month.
- A total of \$117 million was spent for GRH in FY 2011.

Where is more information available?

- By contacting county social services departments.
- By visiting the Minnesota Department of Human Services at www.dhs.state.mn.us.

MSA Shelter Needy

What is the MSA Shelter Needy program?

Minnesota Supplemental Aid (MSA) Shelter Needy is a program that helps people with disabilities under age 65 have a choice about where they live. The program provides money to help people move into affordable housing and have their own place, or they may share housing expenses with another person.

Who is eligible for MSA Shelter Needy?

To be eligible for MSA Shelter Needy, you must

- Be eligible for Minnesota Supplemental Aid (MSA), or you would be eligible when you leave a facility.
- Be under age 65
- Have total shelter costs that are more than 40% of your total income
- Apply for subsidized housing

You must also:

- Be relocating to the community from an institution or an intensive residential mental health treatment program, OR
- Eligible for the Medical Assistance (MA) self-directed supports option, OR
- Be getting services through an MA home and community based waiver and living in your own home or apartment.

What does MSA Shelter Needy pay for?

The MSA Shelter Needy program can help pay for ongoing shelter costs like:

- Rent
- Monthly mortgage, interest, insurance and property taxes
- Manufactured home lot rental
- Utilities like heat, air conditioning, electricity, water, sewer, garbage, and the basic service fee for one telephone

How much help can I get from MSA Shelter Needy?

The Shelter Needy program increases the amount of your monthly MSA award. In 2012, the amount of the Shelter Needy increase is \$200. The amount can change every year.

How do I apply for MSA Shelter Needy?

If you are not on Minnesota Supplemental Aid (MSA) you should complete a Combined Application (CAF). You can get a CAF from your local county human service agency. If you are already receiving MSA, talk to your financial worker about the MSA Shelter Needy program.

Where can I get more information?

For more information, call the Disability Linkage Line® at 1-866-333-2466

SSI Advocacy & SOAR Agency Directory

SSI Advocacy (only) Agencies

Agency name: **The Salvation Army**
Address: 53 Glenwood Avenue North, Minneapolis, MN 55403
Phone number: 612-659-0711
Contact person: Krystle Englund
Fax number: 612-767-3549
Email address: krystle_englund@usc.salvationarmy.org
Web site: www.thesalarmy.org
Service area: Metro area (Hennepin, Ramsey, Washington, Dakota, Scott, Carver, Anoka, Wright, Sherburne, and Chisago counties)
Type: Applications only

Agency name: **Quality Disability Services**
Address: PO BOX 588, Brainerd MN 56401
Phone number: 218-724-1146 or toll free 1-855-724-1146
Contact person: Matt Hoeschen
Fax number: 218-963-9749
Email address: info@qdservices.net
Web site: www.qdservices.net
Service Area: State-wide
Type: All (applications, reconsiderations, appeals)

Agency name: **Disability Partners, PLLC**
Address: 2579 Hamline Ave. N., Suite C, St. Paul, MN 55113
Phone number: 651-633-4882 or 1-866-577-9007
Contact person: Caryn Ye and Asha Sharma
Fax number: 1-866-685-2386
Email address: asha@disabilitypartners.net
Web site: www.disabilitypartners.net
Service Area: State-wide
Type: All (applications, reconsiderations, appeals)

SSI Advocacy (only) Agencies

Agency name: **Moga Law Group**
Address: Main office - 4294 Dahlberg Drive, Golden Valley, MN 55422
Rochester office- 1221 3rd Avenue SW, Rochester, MN 55902
Duluth office- 24 N 21st Avenue West, Duluth, MN 55806
Phone number: 612-284-4067
1-888-545-7202
218-206-8124 (Duluth only)
Contact persons: Anna Solowiej, Ben Small, Julie Unulock, Jeff Johnson, Aisha Strickland
Fax number: 1-888-713-8121
Email address: mlreferral@mogalaw.com
Web site: www.mogalaw.com
Service Area: State-wide
Type: All (applications, reconsiderations, appeals)
Specialties: Spanish speaker on staff

Agency name: **Korstad Law Office LLC**
Address: 136 East Maine Street, PO Box 400, Amboy MN 56010
Phone number: (507) 674 -3434
Contact person: Ardys Korstad
Fax number: (507) 674-3424
Email address: disability@hickorytech.net
Web site: www.korstadlaw.com
Service Area: Southeast and southwestern MN
Type: All (applications, reconsiderations, appeals)

Agency name: **Community Resource Connections**
Address: 3124 Hannah Ave NE, Bemidji, MN 56601
Phone number: 218-333-6846 (Kristy Richardson) or 218-333-6856 (Beth Warrick)
Contact person: Kristy Richardson (Blackduck and Northern Beltrami County)
Beth Warrick (Bemidji area)
Fax number: 218-444-9252
Email address: Beth Warrick - bwarrick@crcinform.org
Kristy Richardson - blackduck@crcinform.org
Web site: www.communityresourceconnections.org
Service Area: Beltrami county and surrounding area
Type: Applications and reconsiderations (not appeals)

SSI Advocacy (only) Agencies

Agency name: Minnesota Community Services
Address: P.O. Box 782 , Hopkins, MN 55343
Phone number: 952-583-3264
Contact person: Ivy Mairura
Fax number: 952-236-6675
Email address: imairura@mncommunityservices.com
Web site: <http://minnesotacs.webs.com/>
Service Area: Hennepin, Ramsey and bordering counties
Type: All (applications, reconsiderations, appeals)

Agency name: Ramsey County Community Human Services
Address: 160 E Kellogg Blvd, Ste. 8800, St Paul, MN 55101
Phone Number: 651.266.3660
Contact Person: William Fisch
Fax number: 651.266.4432
Email address: William.fisch@co.ramsey.mn.us
Web site:
Service area: Ramsey county
Type: Primarily appeals, some applications as time permits

Agency Name: Judicare of Anoka County
Address: 1201 89th Ave. NE, Suite 310, Blaine Mn.55434
Phone number: 763-783-4970
Contact person: Floyd Pnewski
Fax number: 763-783-4959
Email address:
Web site:
Service area: Anoka County
Type: Appeals only (clients must have incomes below the federal poverty guidelines)

Agency name: Reitan Law Office, PLLC
Address: 1454 White Oak Drive, Chaska, MN 55318
Phone number: (952) 448-2800
Contact person: Ben Reitan
Fax: (952) 448-2823
Email: Breitan@reitanlawoffice.com
Website: www.reitanlawoffice.com
Service area: Carver, Scott, Hennepin, Wright, Anoka, Ramsey and Dakota counties
Type: Appeals only

SOAR (only) Agencies

Agency name: **Mid-Minnesota Legal Aid**
Address: 430 First Avenue North, Suite 300, Minneapolis 55401
Phone number: 612-334-5970, 1-800-292-4150 outside Hennepin Co.
Contact person: Intake line
Fax number:
Email address:
Web site: www.mylegalaid.org
Service area: Hennepin, Big Stone, Chippewa, Kandiyohi, Lac qui Parle, Lincoln, Lyon, Meeker, Renville, Swift, Yellow Medicine, Benton, Chisago, Isanti, Mille Lacs, Morrison, Sherburne, Stearns, Todd and Wright counties
Type: Appeals only

Agency name: **Kreutzfeldt Law Office**
Address: 14084 Baxter Drive, Suite 14, Baxter, MN 56425
Phone number: 218-829-3477 or 800-935-7425
Contact person: Richard Kreutzfeldt
Fax number: 218-829-3477
Email address: lawrick@brainerd.net
Web site: www.attorneyrick.com
Service area: Crow Wing, Cass, Morrison, Aitkin, Wadena, and Todd counties
Type: Prefer appeals but will also assist with applications

Agency name: **Tri County Action Program (Tri-CAP)**
Address: 1210 23rd Avenue South/PO Box 683, Waite Park, MN 56387
Phone number: 320 251-1612
Contact person: Patrick Shepard
Fax number: 320 255-9518
Email address:
Web site: www.tricap.org
Service area: Benton, Stearns, and Sherburne counties
Type: Applications only

Agency name: **The Salvation Army Harbor Light Center**
Address: 1010 Currie Ave N, Minneapolis MN 55403
Phone number: 612-767-3100 x3186
Contact person: Jade Lichtsinn
Fax number: 612-338-4717
Email address: jade_lichtsinn@usc.salvationarmy.org
Web site: www.thesalarmy.org/harborlight
Service Area: Hennepin county
Type: Applications only

Agency name: Catholic Charities St. Paul Minneapolis
Address: 1200 Second Avenue South
Phone number: 612-204-8500
Contact person: Dawna Tierney
Fax number: 612-664-8555
Email address: dawn.tierney@cctwincities.org
Web site: www.cctwincities.org
Service Area: Hennepin and Ramsey counties (only clients in CC housing programs)
Type: Applications only

SSI Advocacy AND SOAR Agencies

Agency name: Heartland Community Action Agency, Inc.
Address: 120 North Sibley, Litchfield, MN 55355
Phone number: 320.693.7911
Contact person: Heather Jessoritz
Fax number: 320.693.8053
Email address: heatherj@heartlandcaa.org
Web site: www.heartlandcaa.org
Service Area: Kandiyohi, Meeker, Renville and Yellow Medicine counties
Type: All (applications, reconsiderations, appeals)

Agency name: Dakota County Children and Family Services
Address: 14955 Galaxie Avenue West, Apple Valley, MN 55124
Phone number: 952.891.7400
Contact person: Melanie Rutman
Fax number: 952.891.7473
Email address: Melanie.rutman@co.dakota.mn.us
Web site: www.dakotacounty.usa
Service area: Dakota county (only families that have active cases with Dakota County Children and Family Services)
Type: All (applications, reconsiderations, appeals)

Agency name: Legal Services of Northwest Minnesota
Address: 1015 7th Avenue North, Moorhead, MN 56560
Phone number: 218-233-8585 or 1-800-450-8585
Contact person: Susan M. Harvey
Fax number: 218-233-8586
Email address: sharvey@lsnmlaw.org
Web site: www.LSNMLAW.org
Service area: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahanomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse, Wadena and Wilkin counties
Type: Mostly appeals, but will also assist with applications

SSI Advocacy AND SOAR Agencies

Agency name: **Cooper & Reid, LLC**
Address: 900 IDS Center, 80 South 8th Street, Minneapolis, MN 55402
Phone number: (612) 568-4529
Contact person:
Fax number:
Email address:
Web site: www.cooperandreid.com
Service area: State-wide with offices in Minneapolis, Edina, St. Louis Park and Woodbury
Type: All (applications, reconsiderations, appeals)

Agency name: **Goodwill/Easterseals Working Well Mental Health Clinic**
Address: 1821 University Ave W Suite N-187, St. Paul MN 55104
Phone number: 651-603-9540
Contact person: Receptionist (varies)
Fax number: 651-603-9543
Email address: mhintake@goodwilleasterseals.org
Web site: www.wwmentalhealth.org
Service area: Twin Cities Metro Area
Type: Applications (will help with appeals for those who they help apply)

Agency name: **Southeastern Minnesota Center for Independent Living (SEMCIL)**
Address: 2200 2nd Street SW, Rochester, MN 55902
Phone number: 507-285-1815
Contact person: Kim Hicks
Fax number: 507-288-8070
Email address: kimh@semcil.org
Web site: www.semcil.org
Service area: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona counties
Type: All (applications, reconsiderations, appeals)

SSI Advocacy AND SOAR Agencies

Agency name: Legal Services of Northwest Minnesota
Address: 1015 7th Ave. N., P.O. Box 838, Moorhead, MN 56561-0838
Phone number: (218) 233-8585 or toll-free 1-800-450-8585
Contact person: Mary Deutsch Schneider, Executive Director
Fax number: (218) 233-8586
Email address: mschneider@lsnmlaw.org
Web site: www.lsnmlaw.org
Service area: Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnommen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse, Wadena, and Wilkin counties
Type: All (applications, reconsiderations, appeals) *Must be Legal Services Corporation eligible

Agency name: CHUM
Address: 102 West 2nd Street, Duluth, MN 55802
Phone number: 218-726-0153, ext. 208
Contact person: Susan Sawyer
Fax number:
Email address: ssawyer@chumduluth.org
Web site: www.chumduluth.org
Service area: Duluth area of St. Louis county
Type: Applications and reconsiderations (not hearings)

Agency name: Lakes and Pines Community Action Council, Inc.
Address: 1700 Maple Ave. East, Mora, MN 55051-1227
Phone number: 320-679-1800 or 800-832-6082, ext. 170
Contact person: Terri M., Community Service Advocate
Fax number: 320-679-4139
Email address: terrim@lakesandpines.org
Web site: www.lakesandpines.org
Service area: Central MN
Type: All (application, reconsideration, appeal)



Health Care, Child Care & TANF Audits





Presented at the
2012 September Minnesota Financial
Workers & Case Aide Association
Rochester, Minnesota



Presented By:
Christina Baltes



Christina Baltes, RN, BSN, PHN, MA, currently the Manager of Program Compliance and Audits, housed in Internal Audits and the Office of Compliance. Christina's current role with the MN Department of Human Services includes managing the federal Payment Error Rate Measurement Program, TANF, Child Care, CHIP, MinnesotaCare and Medicaid audits. Prior to joining the MN Department of Human Services, Christina spent sixteen years with the MN Department of Health as the Provider and Staff Education Specialist, State MDS Coordinator, an investigator with the Office of Health Facility Complaints and as a health facility surveyor, all in the Division of Compliance Monitoring. Christina is also a doctoral candidate in the Doctoral in Public Administration program at Hamline University in St. Paul, MN

Email: christina.baltes@state.mn.us
Direct Line: 651-431-4279





TODAY's OBJECTIVES

- The participant will learn
 - Understand the types of Audits Conducted
 - Understand the program structure and process
 - Understand how you can prepare for an audit and prevent errors.



Acronyms

- CDCS-Consumer Directed Community Supports
- CHIP- Children's Health Insurance Program
- CHIPRA-Children's Health Insurance Program Reauthorization Program
- CMS – Centers for Medicare and Medicaid Services
- DDC-Documentation/Database Contractor
- DP- Data Processing [Claims Processing]
- DRG – Diagnostic Related Group
- DRA-Deficit Reduction Act of 2005
- DT&H-Day Training and Habilitation
- FFS-Fee for Service
- FFY-Federal Fiscal Year
- FQHC-Federally Qualified Health Centers
- FFP-Federal Financial Participation



Acronyms

- HHA-Home Health Agency/Home Health Aide
- HCPCS-Healthcare Common Procedure Coding System
- HHS-The Department of Health and Human Services
- ICF- Intermediate Care Facilities (ICF/MR-per Federal Regulation 42 CFR 483 Subpart I)
- IEP-Individual Education Plans
- IPERA-Improper payments Elimination And Recovery Act of 2010
- IPIA – Improper Payments Information Act of 2002
- IPP-Individual Program Plan
- ISP-Individual Service Plans
- IHP-Individual Habilitation Plans
- LON-Level of Need
- LTC-Long Term Care



Acronyms

- MAXIS- DHS recipient eligibility system
- MDS-Minimum Data Set
- MEQC-Medicaid Eligibility Quality Control
- MIC-Medicaid Integrity Contractor
- MIP-Medicaid Integrity Program
- MMIS – Medicaid Management Information System
- MSIS - Medicaid Statistical Information System
- MR-Medical Review
- NH-Nursing Home
- NPRM-Notice of Proposed Rule Making
- OASIS- Outcome and Assessment Information Set
- OMB-Office of Management and Budget



Acronyms

- OIG: Office of Inspector General
- PA-Prior Authorization or Physician's Assistant
- PAM – Payment Accuracy Measurement
- PAR-Performance and Accountability Report
- PERM – Payment Error Rate Measurement
- PEPPER-Program for Evaluating Payment Patterns Electronic Report
- CHIP – State Children's Health Insurance Program
- SMERF – State Medicaid Error Rate Findings
- SSA-Social Security Act
- SSI-Supplemental Security Income
- SSDI-Social Security Disability Insurance
- WIC-Western Integrity Center (similar to RAC)
- ZPICs: Zone Program Integrity Contractors



Hot Topic-Payment Accuracy



- "Improper Payments" occur when funds go to the wrong recipient, the recipient receives the incorrect amount of funds (including overpayments and underpayments), documentation is not available to support a payment, or the recipient uses funds in an improper manner.



Hot Topic-Payment Accuracy

- 2010 reporting :Three-year rolling Medicaid error rate is 9.4 percent or \$22.5 billion.

Key from left to right:
HHS
DOL (Labor)
SSA
USDA
HUD
Education



- Website: <http://www.paymentaccuracy.gov/>



OBJECTIVE #1

- Understand the types of audits currently being performed by Program Compliance and Audits



Types of Audits

- Payment Error Rate Measurement (PERM) & CHIP) – Eligibility, Data Processing and Medical Necessity includes Managed Care
- Medicaid Eligibility Quality Control (MA)
- MN Care State Funded Cases
- CHIP Non-PERM year Audits
- Child Care Administration Program (CCAP)
- Temporary Assistance for Needy Families (TANF)



Why audit?



- Improve agency efforts to reduce errors and recover improper payments
- Assess program for risk of making improper payments; and take corrective actions.
 - Potentially prevent fraud
 - Required by regulations





Audit Regulations

- IPIA (Improper Payment Information Act of 2002) & Improper Payments Elimination and Recovery Act (IPERA) 2010.
- Federal Single Audit Act of 1984 (P.L. 98-502) with amendment in 1996 (P.L. 104-156) and the Office of Management and Budget (OMB) Circular A-133.
- Minnesota Statutes 256.01 Subdivision (2) (a) (2) and (3) and Minnesota Statutes 256.017 Subdivision 1.



Program Compliance and Audits





- Program Manager
- Team Leads-Health Care-Child Care & TANF
- Support Staff-calls for cases
- Analysts-pulls data/manages databases
- Nurse Reviewer-conducts reviews
- Eligibility Reviewers-For HC, TANF & CCAP



Program Structure

- All recipient eligibility audits conducted by Program Compliance and Audits at DHS
- PERM Data Processing for Fee for Service and Managed Care done by CMS Contractors on-site at DHS
- PERM Medical Necessity Reviews done by CMS Contractors off-site





•Everest Region
• Nepal 99



PERM and CCAP - every 3 years.
Currently in effect for Federal Fiscal Year 2012 (10/11 to 9/12).
Covers MA, CHIP and CCAP for IPIA 2002 and IPERA 2010.

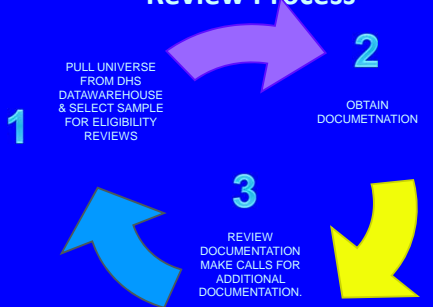


Annual Reviews: MEQC (MA only), MN
Care State Funded & TANF


Non-IPIA/IPERA Years: CHIP and CCAP
Bottom line-all programs reviewed every year!



Recipient Eligibility Sample and Review Process



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graph TD; 1[1. PULL UNIVERSE FROM DHS DATAWAREHOUSE & SELECT SAMPLE FOR ELIGIBILITY REVIEWS] --> 2[2. OBTAIN DOCUMENTATION]; 2 --> 3[3. REVIEW DOCUMENTATION MAKE CALLS FOR ADDITIONAL DOCUMENTATION.]; 3 --> 1;
```





Other Review Areas-PERM

- Claim Processing (MA, CHIP, MCO)
 - Universe sent to CMS and they pull the sample
 - CMS/Contractors come on site to do their reviews
- Medical Necessity (MA & CHIP)
 - Universe extracted from claims sample by CMS
 - CMS/Contractors collect documentation and conducts reviews

For both of the above : State notified of errors and conduct recoveries and appeals

Review Methodology

- Claim Processing-to make sure providers billed and paid correctly-correct codes, reason, \$\$-standard used is the Provider Manual and all applicable regulations and standards of practice
- Medical Necessity-to make sure there is documentation to substantiate the service provided and billed- Standard used is the Provider Manual and all applicable regulations and medical standards of practice

Review Methodology Continued

■ Recipient Eligibility



To make sure recipients were granted eligibility in accordance with all regulations, DHS procedures contained in manuals, bulletins, memorandums, and other instructions given to county and Minnesota Care Operations staff.



2012 Audit Sample Sizes

PERM Managed Care: 250

PERM Claims: 500 (approximate)

PERM Medical Necessity: 500 (approximate)

PERM Medicaid Eligibility: 1156 (96 a month)

PERM CHIP: 708 (59 a month)



CCAP: 276 (23 a month)

TANF: 348 (29 a month)



MN Care State Only: 348 (29 a month)

Follows Federal Guidelines/Statistical Basis



For Claims Processing for PERM

DP1 Duplicate item

DP2 Non-covered service

DP3 FFS claim for a Managed care service

DP4 Third-party liability:

DP5 Pricing error.

DP6 Logic edit

DP7 Data entry error

DP8 Rate Cell error

DP9 Managed Care payment error

DP10 Administrative/Other



For Medical Necessity for PERM

- MR1 No documentation
- MR2 Insufficient documentation
- MR3 Procedure coding error
- MR4 Diagnosis coding error
- MR5 Unbundling
- MR6 Number of unit (s) error
- MR7 Medically unnecessary service
- MR8 Policy violation
- MR9 Administrative/Other





Error Prevention Tips

- Randomly select records and compare the documentation to the required regulations, policies and procedures
- Were all the required verifications received and reviewed before approval?
- Does the documentation in the case file back-up the eligibility approval?
- Are the required forms in the case file and are they current?
- Is the application signed?





More Tips!



- Enhance your knowledge by checking DHS manuals frequently
- Attend training classes provided by DHS
- If someone does something different than what you learned at a DHS class-check it out first before just following!
- Document! Document! Document!
- Remember Case Notes-very important!
- Answer Reviewer's SIR e-mail & phone calls!



General Issues that led to eligibility errors

TOP THREE!!

- Insufficient Documentation in case file (case notes – very important)
- Income Calculation Errors
- Mandatory verifications not obtained or kept in file



NOTE: from 2012 looking at FIAT and Overrides



CCAP Issues that led to errors

Category	Type of Error
Income	No deduction for medical premium
	Income calculated incorrectly
	All income verification not in file
Application	Addendum not within 30 days
	Signature not within 15 days
SA	Service Authorization too many hours
CIT/ID	No verification of Citizenship/Identity
Changes	Did not act on reported changes
Provider Registration	Provider registration incomplete or not current
Authorized Activity	Pr. Res. Ind. not in authorized activity
Residency	No residency verification
Notices	Incorrect notice

TANF Issues that led to errors

Category	Type of Error
Income	Income calculated incorrectly/Tips Missed
Household Size	Not counted correctly
Eligibility	No basis for eligibility
Application	No Signature/Missing/
Sanctions	Not Applied Correctly/Mandatory Vendor
Verifications	No Relationship verification
	No verification of CIT/ID/Residency
	No Income Verifications/ Under reported
	No Asset Verification/NADA/Under reported
	Missing HRF/CAF
Closed/Denied	Verification in file/denied too soon



HC Issues that led to errors

Category	Type of Error
Application	Incomplete-No Signature
Assets	Unreported-Not Verified-Incorrectly calculated-Over Asset-
Burials	Double Counted-No Goods and Services
Income	Lack of 30 days of income or wrong paystubs
	Earned/Unearned Not Verified or missing
	Deductions/Disregards incorrectly applied not verified - self-employment
Pregnant Woman	More than 60 days post-partum allowed
CIT/ID/Residency	No verification of CIT/ID/Residency
Closed/Denied	Timely Action-Not giving enough time



What Happens when there is an "error" for most of the audits?

- Supervisor notified –review and call back
- Program Area Notified and Corrective Action Requested
- Letter goes out to Program Area with a copy to the County
- Remember the goal is to work together to reduce errors!




Error Impact ...



- Claims and Medical Reviews
 - Reimburse CMS and collect from Service Provider,
 - State does corrective action and sends to CMS
- Eligibility Errors
 - TANF: Recoupment done by the county and reported back with corrective action taken
 - Health Care: Corrective Action Requested by Policy. Future Recoveries
 - CCAP: Corrective Action Requested by Policy and Overpayment recoupment per county





Urgh!!
TMI-TMI-TMI!

Call Me-
Let's work
together
and assist
each other!

Use DHS Resources-Call
651-431-4279

Provider Help Desk-
Resource Specialists,
Manual, etc.



Resources

- Check the DHS website:
<http://www.dhs.state.mn.us>
- Check the CMS website for PERM:
<http://www.cms.hhs.gov/PERM>
- Call Christina Baltes at 651-431-4279

Types of Overpayments

Agency Error: The county agency fails to take action on known or reported information. This includes miscalculation of a budget or failure to make a timely reduction in benefits based on information fully and timely reported by the client.

Client Error: This includes any instance in which a client has not made a timely report.

Other examples of client error include:

- The unit's failure to give the county agency correct or complete information.
- The unit's failure to notify the county agency of changes.
- The unit's receipt of more benefits than it should have because of a request for an appeal hearing.
- The unit's participation in more than one county or state in the same month.

Consider cases suspected of fraud to be client error overpayments until a determination of fraud is made. Enter claims as non-fraud on MAXIS and adjust when appropriate.

Fraud: Consider cases suspected of fraud to be client error overpayments until the court or an Administrative Disqualification Hearing (ADH) makes a determination of fraud. Consider an overpayment in any month in which a client files a false report timely and this results in an overpayment to be a client error overpayment. This applies even if there is an agency error in the same month, unless the agency caused the client's failure to report.

Fraud overpayments may occur when:

- People willfully or intentionally withhold, conceal, or misrepresent information to receive or attempt to receive more assistance than they are eligible for.
- People plan with or knowingly help another person to fraudulently seek or obtain assistance.
- Ineligible or unauthorized people knowingly redeem or transfer assistance checks or EBT cards.

MFIP Reporting Requirements

Determine MFIP client error overpayments when:

- The unit does not report the change timely
AND
- The agency would have been able to send proper notice if it had acted on the date the change occurred.

MFIP reporting requirements:

All units must report changes that affect eligibility by the earliest of these dates:

- 10 days after the change occurs
- At recertification
- 8 calendar days after the end of the reporting period (Household Report Form)
- Immediately, for MFIP applicants while their application is pending.

1. An MFIP unit wins a car on May 23rd. The car is valued at \$25,000 and does not meet an asset exclusion. The change is reported on June 10th.

Does an overpayment exist in this case?

2. A caregiver in an ongoing, retrospectively budgeted MFIP unit starts a new job on May 8th. The change is not reported until August 24th.

What months are potential overpayments?

SNAP Reporting Requirements

Who's a Six-Month Reporter?

SNAP Units with earned or unearned income and those who do NOT meet the criteria below will be Six-Month Reporters.

Who's NOT in Six-Month Reporting?

The following SNAP Units will not be Six-Month Reporters:

- Units in which all members are homeless.
- Units in which all members are in the migrant work stream. Not all members must be in agricultural work, but all members must be traveling together for this purpose.
- Units in which any member is a seasonal farm worker.
- Units in which all adult members are elderly or disabled if the unit has no earned income.
- Units living on Indian Reservations. Unit members do not have to be members of a tribe.

The following required changes are considered to be reported timely when reported by the unit by **the 10th of the month following the month of the change**:

Six-Month Reporting Units	Change Reporting Units
<ul style="list-style-type: none">• When gross monthly income exceeds 130% of the FPG for their household size.• Able Bodied Adults without Dependents (ABAWDs) must report any change in work or job activities that cause the hours to fall below 20 hours per week. * <p>* Effective 1/1/09, the entire state of Minnesota is exempt from FSET participation. Therefore, ABAWDs are exempt from reporting these changes.</p>	<ul style="list-style-type: none">• A change in the source of income, including starting or stopping a job, if the change in employment is accompanied by a change in income.• A change in more than \$100 per month in gross earned income.• A change of more than \$50 in the amount of unearned income, EXCEPT changes relating to public assistance.• A change in unit composition.• A change in residence.• A change in shelter costs due to a residency change.• A change in legal obligation to pay child support.

SNAP Examples

1. An employed SNAP participant subject to change reporting changes jobs on January 8th. The new job's wages will exceed the gross income limit beginning in January. He reports the new job on February 6th. Is there a SNAP overpayment for January or February?
2. In an ongoing, six month reporting SNAP unit, a participant starts work on November 8th but does not report it. You discover the income on February 2nd. What months are considered overpayments?
3. You are notified by Fraud that your client showed up on the EBT Outstate Usage report. The report showed they used their EBT card in Nebraska continuously for the last three months. Fraud would like you to find out if the client still lives in Minnesota. Is there an overpayment? What steps do you take to determine if an overpayment exists?

Claim Discovery and Established Dates (TE02.09.45)

Discovery Date

This is the date the agency receives all of the documentation necessary to calculate a claim.

Documents needed to calculate a claim could be wage stubs, W-2s, bank statements, employer verification, etc. The “Discovery Date” will almost never be the date of an IEVS match as the agency usually needs to request verification/documentation necessary to determine if there is an overpayment.

The “Discovery Date” may be prior to or equal to the “Established Date.”

Established Date

This is the date the agency computes the overpayment.

This is the date you actually complete an overpayment computation or enter the information on MAXIS to create an unapproved version of eligibility based on the verification/documentation obtained from the “Discovery Date.”

The “Established Date” is often the same date the claim is entered on MAXIS. However, if the claim is not entered on CCOL the same date the overpayment computation is completed, the date the overpayment was first calculated should be the date entered in CCOL.

Why are these dates so important?

- Recovery must be initiated within the quarter following the quarter of discovery. This is a Federal Administrative requirement. If we fail to follow this requirement we risk losing federal funds for administrative reimbursement similar to what would happen if we have a high quality control error rate.
- There is a six year time limit for MFIP and SNAP to send out initial notification on a claim or the claim is invalid. This is a Federal Policy requirement. We must follow federal policy requirements when we determine eligibility and benefit levels. If the “Discovery Date” is not correctly identified it can result in monthly overpayments erroneously being included or excluded in a claim. *There is no time limit for pursuing administrative recovery of established overpayments. See CM 0025.*

MFWCAA 2012 Conference Workshop Evaluation

Instructors: Scott Wotzka and Angela Carlson Date: 9/20/12

Workshop Name: Claims and Collections for MFIP and FS

☆ What you found **most** useful about the workshop.

☆ What you found **least** useful about the workshop.

☆ Please identify any **AHA!** moment that may have occurred during the course of this workshop.

☆ Add any other comments you would like to make about the workshop, the instructors, the materials, topics covered, etc.

☆ Please indicate the overall evaluation of this workshop by circling one choice:

Excellent

Good

Average

Fair

Poor

☆ Any ideas for future workshops?

2012 MFWCAA

**PRISM
Basics
For
Financial
Workers**

Minnesota BlueZone Mainframe sign on screen.

[illegible]

From this point forward you will use the numeric keypad **<Enter>** key or the **<Ctrl>** key on the right side of the keyboard to transmit data and move from screen to screen, shown as **<ENTER>**. (The keyboard **<Enter>** key works as a carriage return to go from line to line in PRISM.)

Type – “CICSPT4” and press one of the PRISM transmit keys <ENTER>.

On the logon screen, type your worker ID and your password and press **<ENTER>**.

- Passwords must be eight characters long.
- Passwords must be changed every 30 days.
- Passwords must include numeric, alpha, and special characters.
- Special characters may not be used for the first and last characters of your password.
- Passwords are not case sensitive.
- After 10 minutes of no activity, PRISM times out and requires you to reenter your password.
- If you enter your password incorrectly three times, PRISM will suspend your worker ID. You will need to call the DHS Child Support Enforcement Division at (651) 431-4400 to unsuspend your ID.

On the next screen, type “**QQPI**” (Inquiry) and press <**ENTER**>.

QQPI

ACFAE139 CICS @N57 Sign on OK: User=PWCST01 NAME=CS TRAINEE01

Read the security warning and press <**ENTER**> to get to the Main Menu of PRISM.

Steps to Logoff of PRISM

1. Press the <**F2**> key.
2. A pop-up box appears which asks if you want to exit. Press the <**F2**> key again.
3. Type **logoff** over the text and press <**ENTER**>.
4. The **State of MN** screen appears.
5. Close the screen and the internet session.

Navigation on PRISM

Keyboard

- Tab – moves the cursor from green field to green field
- Enter – moves the cursor from line to line to the first green field on each line
- Ctrl – the Ctrl key on the right side of the keyboard functions as <ENTER>
- Shift-Tab – moves the cursor as a backwards tab

Other Keys

- Home – moves the cursor to the first green field on the screen
- End – clears the data from the field
- Insert – changes the appearance of the cursor and may prevent data entry
- Delete – removes text one letter at a time
- Arrow Keys – moves cursor on screen

Numeric Keypad

- <Enter> – functions as transmit and continue action button

Function Keys

F1 through F24 – Special keys with assigned functions.

Definitions for each active function key are displayed at the bottom of each screen.

Some standard functions:

- F1 – provides help information
- F2 – key to press to end session
- F3 – return to previous screen or menu
- F7 – move to previous data on a screen
- F8 – move to next data on a screen
- F9 – function will change, common functions are print and sort
- F10 – move screen panel to the left
- F11 – move screen panel to the right
- F18 – return to MAIN menu

Direct Command Line

Located on the bottom of most screens. Type menu or screen names on this line and press <ENTER> to go directly to the requested screen.

Menu Screens

Menus in PRISM display in levels. The Main Menu appears when you first log into PRISM. The Main Menu contains a list of submenus that are available. Submenus and screens can be accessed in two ways:

- (1) Type the 4-letter code on the Direct Command line and press <ENTER>.
- (2) Place the cursor on the desired code displayed and press <ENTER>.

Submenus

Submenus contain lists of screens related to a specific person, case, function, or category. They may also contain other Menu screens. They may contain Case-based or Person-based screens.

Person Based MCI# Menus:

PEME	=	Person Menu
CHME	=	Child Menu
CPME	=	CP Menu
NCME	=	NCP Menu

Case Based Case# Menus:

CAMM	=	Case Management Menu
CAME	=	Case Activity Menu

Function Based Menus:

ENME	=	Enforcement Menu
LEME	=	Legal Menu
LOME	=	Locate Menu

Category Based Menus:

DEFM	=	Default Flow Menu
FIME	=	Financial Menu

Copy of the Main Menu (MAIN)

VV4FMAA01 01/12/11	PRISM Main Menu	In: PWQQ60 via QQT4 @H68 PWCST01 2:43 PM
-----------------------	--------------------	---

Code	Description	Code	Description
-----		-----	
CAMM	Case Management Menu		
DEFM	Default Flow Menu		
DOGM	Document Generation Menu		
ENME	Enforcement Menu		
FIME	Financial Menu		
LEME	Legal Menu		
LOME	Locate Menu		
PEME	Person Menu		
REPM	Referral Program Menu		
XRME	Cross Reference Menu		

Select **PEME** to
go to Submenu
– Level 1

Select **PEME** to
go to Submenu
– Level 1

Direct Command: _____ (MAIN)
F1=Help, F2=Quit, F13=TRBL, F18=Main, F19=Glob

Copy of a Submenu Level 1 – PEME (Person Menu)

V4FZAL01 01/10/08	PRISM Person Menu	In: PWQQ60 via QQT4 UM28 PWCST01 2:38 PM
----------------------	----------------------	---

Code	Description	Code	Description
-----		-----	
CHME	Child Menu		
CPME	CP Menu		
NCME	NCP Menu		
PAEA	Participant Ext Agency Cross Ref		
PESE	Person Search		

Select **NCME** to
go to Submenu
Level 2


Select **NCME** to
go to Submenu
Level 2

Direct Command: _____ (PEME)
F1=Help, F2=Quit, F3=Retrn, F4=Prev, F13=TRBL, F18=Main, F19=Glob

Copy of a Submenu Level 2 - NCME (NCP Menu)

V4FZAL01 01/10/08	PRISM NCP Menu	In: PWQQ60 via QQT4 UM28 PWCST01 2:41 PM
----------------------	-------------------	---

Code	Description	Code	Description
NCDE	NCP Demographics		
NCDM	NCP Detail Menu		
NCLM	NCP List Menu		
NCQW	NCP Quarterly Wage		
NCSU	NCP Summary		
NCUI	NCP UI Claims Browse		

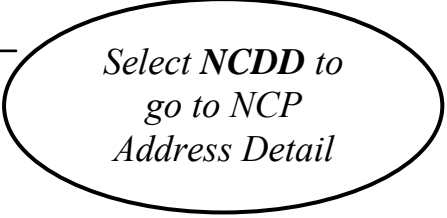


Direct Command: _____ (NCME)
 F1=Help, F2=Quit, F3=Retrn, F4=Prev, F13=TRBL, F18=Main, F19=Glob

Submenu Level 3 – NCDM (NCP Detail Menu)

V4FMAA01 01/10/08	PRISM NCP Detail Menu	In: PWQQ60 via QQT4 U641 PWCST14 10:57 AM
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Code	Description	Code	Description
NCAD	NCP Asset Detail		
NCDD	NCP Address Detail		
NCID	NCP Income Detail		
NCKD	NCP Insurance Coverage Detail		
NCPD	NCP Insurance Policy Detail		
NCSD	NCP Alias Detail		



Direct Command: _____ (NCDM)
 F1=Help, F2=Quit, F13=TRBL, F18=Main, F19=Glob

Action Field Code Definitions

Action Code	Action Field Code Description
B	<p>The Browse action is used to display a number of records on the screen at one time. Browsing on a Detail screen takes you to the corresponding List screen to view the list of items that can be displayed or modified.</p> <p>To Display a record on the browse screen, place your cursor on the desired record and press <ENTER>. To return to the screen from where you left off, without displaying a new record, press <F3> from the browse screen.</p>
C	<p>The Clear action is used to clear the values displayed on the screen. All values except for the case number or MCI number are reset to zero or blank. This action does not affect any information that is stored on file.</p> <p>The primary reason for using the clear action is to add a new record from scratch after displaying a record.</p>
D	<p>The Display action is used to display the contents of a record on the screen. Along with the display action, you must also enter the case number or MCI number for the record that you wish to display and press <ENTER>.</p>
S	<p>The Select action is used to select the record listed on the browse screen for further processing. The type of further processing depends on what screen you enter on the command line or whether the browse screen returns directly to a maintenance screen.</p>

Help Screens

PRISM provides system documentation through <F1> help screens.

There are 3 different types of help screens:



1. Screen Level Help
2. Text Help for Field Level
3. Active Help

1. Screen Level Help

This level of help provides information about the entire screen and how it relates to other functions and activities. Example: the type of documents or worklists generated from this screen.

To access screen help press the <F1> key when the cursor is on the Direct Command Line or when it is on any black area of the active screen.

CASE STATUS

Purpose: This screen is used to add/modify/display cases and children on PRISM. PRISM interface cases may also be displayed on this screen.

Description: The Case Status (CAST) screen displays and maintains specific case information, such as: case program code, case file location, child residency, legal custody, Non IV-D source code, intake completed status, applicant indicator, referral date, and Open/reopen date.

Display only fields include Closure Date, Closure Reason, Arrears Only, and Pat (paternity) Code.

You can display the children associated with the case or add children to the case. Press <F8> to scroll through the list of

Page.....: 1 / 8

ENTR=Down,F1=Help,F2=Quit,F3=Retrn,F7=Up,F8=Down

Help for: P/DCSE-INITIATION/V4FKAS01/1

2. Text Help from a Data Field:

With the cursor on a data field, press <F1> to get an explanation of the field and the code options for that field.

Full Service
Description: This field shows whether the client has requested full or partial services. If left blank, PRISM defaults to Y for all case program types.
Valid codes are: Y Full Service N Partial Service (MA or MinnesotaCare client requests medical support services only.)
You can enter/update this field in CAST. On other screens, this field is display only. This field may also be updated through a PRISM Interface.
User Entry Instructions: Type Y or N and press enter. To update this field, type over the existing code or press the end key to clear the field, and then type Y or N, or leave the field blank. page ... : 1 / 2 ENTR=Down,F1=Help,F2=Quit,F3=Retrn,F7=Up,F8=Down
Help for: D/PDFWEX01/IND-FULL-SERVICE/1

3. Active Help:

Press <F1> on certain fields to get a list of possible selections to enter in the field. Press <F1> again to get additional help about the field.

01/10/08	Case Status	9:52 AM
*Action (A,C,D,M,N,R): _		
Case: _____	Worker:	Stat: Func:
Case: _____		Prog:
CP Name:		
NCP MCI: _____	VHFYAB33 ***** Table Value List *****	
CP Relnsp to Child:	01/10/08	CASE PROGRAM CODE 9:52 AM
Appl/Ref1 Rcvd Date	Code	Description Case Type (fo
CP is Applicant: _	-----	
Intake Completed: _	AFC	AFDC PA
File Location: _____	CCC	CHILD CARE NPA
1_ of 0	DWP	DIVERSIONARY WORK PROGRAM NPA
Ln MCI	FCC	IV-E Foster Care FC
1 _____	MAO	Medical Only Case NPA
2 _____	Table ID: 001 Code: _____	
3 _____	F1=Help,F3=Retrn,F7=Up,F8=Down,F19=Glob	
Direct Command: _____	Position cursor or enter screen value to select	
F1=Help,F2=Quit,F3=		
F19=Glob,F20=Audit		

List Screens

List screens are display only and cannot be modified.

They serve two purposes:

1. Display a summary list of all entries on the corresponding Detail screen
2. Allow a user to select a specific entry to go to the corresponding Detail screen (E.g., Select an entry on 'NCDL' and press <ENTER> to take you to 'NCDD' Address detail).

Examples of List screens:

CPDL = CP Address List
NCDL = NCP Address List
NCOL = NCP Obligation List
SUOL = Support Order List

CP Address List (CPDD)

```
VUFGCD01          PRISM      In: PWQQ60 via QQT4  @N57 PWCST01
01/12/11          - Address List -                      4:39 PM
MCI: 0000000435  Name: CROW, KAREN L.
SSN: 218-02-0202 DOB: 08/24/81 Gender: F Number of Cases: 1

Effective Type Address                      City          St Zip Src Pos
01/01/11   M   220 3RD ST NW                AITKIN          MN 56431 MAX
09/01/10   M   101 MINNESOTA AVE            AITKIN          MN 56431 APP
                *** End of Data ***

MCI: 0000000435 Type: M                      Effective for: _____ or All: Y
Direct Command: _____ ( CPDD )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F7=Up,F8=Down,F13=TRBL,F18=Main,F19=Glob

Position cursor or enter screen value to select
```

Detail Screens

Detail screens provide specific information about a person, case, or process. You can access detail screens in two ways.

1. Type the Detail screen name on the Direct Command line and press <ENTER>.
2. Select a specific entry item from the corresponding List screen and press <ENTER>. To get back to the List screen 'B' Browse on the Action field and press <ENTER>.

Examples of Detail Screens:

CPDD = CP Address Detail
NCDD = NCP Address Detail
NCID = NCP Income Detail
SUOD = Support Order Detail

CP Address Detail (CPDD)

V4FKCC01	PRISM	In: PWQQ60 via QQT4	#C81 PWCST01
01/13/11	CP Address Detail		2:36 PM
*Action (B,C,D,N):			
MCI: 0000000435 Type: M			
MCI: 0000000435 Name: CROW, KAREN L.			
SSN: 218-02-0202 DOB: 08/24/81 Gender: F Number of Cases: 1			
Home Phone:		Alt Phone:	Ext:
Cell Phone:			
Effective Date: 01/01/2011 Address Known: Y			
Care Of: _____			
Addr: 220 3RD ST NW _____			
City: AITKIN _____		St: MN	Zip: 56431 _____ Cntry: USA
Ver: 01/03/2011 By: _____ Src: MAX Postal Response: _____			
Direct Command: _____ (CPDD)			
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F13=TRBL,F18=Main,F19=Glob,F20=Audit			
Address 0000000435-M displayed effective for 01/01/11			

PRISM Screens

PESE (Person Search Screen). Use to look up a person's MCI# and case #(s) on PRISM

V4FCPS06 01/11/11	PRISM Person Search	In: PWQQ60 via QQT4 #412 PWCST01 1:39 PM
Last name : _____ First Name : _____ Middle Name : _____ Name Suffix : _____		
Gender: _____ DOB: _____ Age Range: Start: _____ End: _____ SSN : _____ MCI: _____ Search Phonetic: N Alias: N		
=====Selected Person=====		
Last Name	First Name	Middle Name
Suff	DOB	SSN
Direct Command _____ (PESE) F1=Help, F2=Quit, F3=Retrn, F4=Prev, F6=Clear, F13=TRBL, F18=Main, F19=Glob		

Type 'PESE' on the direct command line and press **<ENTER>**.

Use the following steps to look up a person and their case(s) on PRISM:

1. Type the individual's Social Security Number in the 'SSN' field and press **<ENTER>**.
If this person is on the list, go to step 5, if not, this message will appear on the bottom of the screen "System can't find person on database. Alias search was invoked" continue to the next step.
2. Add their last name to the 'Last' name field, add first initial to the 'First' name field, then press **<ENTER>**. This will display a list of possible matches. Use the **<F7>** and **<F8>** keys to scroll though the list. If this person is on the list, go to step 5, if not, continue to the next step.
3. Press **<F3>** and type the date of birth in the 'DOB' field and press **<ENTER>**. If this person is on the list, go to step 5, if not, continue to the next step.
4. Change the 'Alias' field from 'N' to 'Y' if you want PRISM to ONLY search for alias records. PRISM automatically invokes an alias search if it finds no match with a name or SSN search.
5. Type an 'X' in the action field and press **<ENTER>** and a new screen 'Case details' will display. If this is the person and case that you are looking for type an 'S' to select in the action field and press **<ENTER>**. Next type 'CAST' on the Direct Command line and press **<ENTER>**.

PRISM SCREENS

CAST (Case Status) Type the case number and 'D' in the action field and press <ENTER> to display.

```

V4FKAS01          PRISM          In: PWQQ60 via QQT4  @N57 PWCST01
01/12/11          Case Status          1 more >
*Action (C,D,N):          -
Case: 0000000435 01
Case: 0000000435 01          Worker: 001CS002 Stat: OPN Func: EN
CP Name: CROW, KAREN L.          Prog: MNC
NCP Name: CROW, FRED A.          File Loc:

NCP MCI: 0000000473 Pgm Code: MNC I/R: _ Full Service: Y Non IVD exists: N
CP Relnsp to Child: MOT          Non IVD Src: ____
Appl/Ref1 Rcvd Date: 09/01/2010 Open/Reopen Date: 09/01/10
CP is Applicant: Y          Closure Date:          Arrears Only:
Intake Completed: Y          Closure Reas:
File Location: _____ Tribal TANF/MFP: N IVD: N
1_ of 1          Relnsp Pat Inactive Child Legal
Ln MCI Child Name of Ncp Basis Reason w/CP w/CP
1 0000000436 CROW, AMY N. FAT MAB _____ Y Y
2 _____ _____ _____ - -
3 _____ _____ _____ - -

Direct Command: _____ ( CAST )
F1=Help, F2=Quit, F3=Retrn, F4=Prev, F6=Psrch, F7=Up, F8=Down, F10=Left, F11=Right
F13=TRBL, F18=Main, F19=Glob, F20=Audit
Case 0000000435-01 displayed successfully
  
```

CPDE (CP Demographics) Type the MCI number and 'D' in the action field and press <ENTER> to display.

```

V4FKAA01          PRISM          In: PWQQ60 via QQT4  @N57 PWCST01
01/12/11          CP Demographics          2 more >
*Action (C,D):          -
MCI: 0000000435
MCI: 0000000435 Name: CROW, KAREN L.
SSN: 218-02-0202 DOB: 08/24/81 Gender: F Number of Cases: 1 SMI:

Last: CROW First: KAREN Middle: L Suf: ____
Gender: F Race: WHI DOB: 08/24/1981 Primary Lang: 99 Interp Needed: _
SSN: 218 02 0202 As of: 01/04/2011 By: Src: EVS
EVS Response Code: V Date: 01/04/11 DecDt: _____ Marr Stat: DIV

Home Phone: _____ Alt. Phone: _____ Ext: _____
Cell Phone: _____
POB City: _____ Cnty: _____ St: ____ Country: ____
Wgt: _____ Hgt(Ft/In): _ _ Eyes: _____ Hair: _____ Photo: N Glasses: _ Beard: _
Unqu Phys Marks: _____

Spec Cond: _____

Direct Command: _____ ( CPDE )
F1=Help, F2=Quit, F3=Retrn, F4=Prev, F6=Pin, F10=Left, F11=Right, F13=TRBL, F18=Main
F19=Glob, F20=Audit
Person 0000000435 displayed successfully
  
```

CPID (Custodial Parent Income Detail) - Panel one. Type the MCI number and 'D' in the action field then press <ENTER> to display. Press <F1> on the employer name to display the employer's address and telephone number. Press <F11> to display panel two.

```

V4FKAT01                PRISM                In: PWQQ60 via QQT @N57 PWCST01
01/12/11                CP Income Detail                1 more >
*Action (B,C,D,N):
MCI: 0000000435 Income Seq Nbr: 01
MCI: 0000000435 Name: CROW, KAREN L.
SSN: 218-02-0202 DOB: 08/24/81 Gender: F Number of Cases: 1
Income Type: WAG WAGES/BONUSES/COMMIS
Employer Id: 0000524387 Type: 01 Location Seq: 0001
Employer Name: OLMSTED MEDICAL CENTER FEIN: 410855387
Begin Date: 01/10/2011 End Date: _____
Term Reason: _____
Occupation: RECEPTION Employee Id: _____
Self-Employed: N Seasonal Employment: N Union Affiliation(Not Job): N
Resvn: N Job/Union Location Local Union Nbr: _____
Care Of: _____
Address: _____ Phone1: _____ Ext: _____
City: _____ St: _____ Fax: _____
Zip: _____ Cntry: _____
Ver: 01/10/2011 By: PWCST01 Src: CUP
Direct Command: _____ ( CPID )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F10=Left,F11=Right,F13=TRBL,F18=Main,F19=Glob
F20=Audit
Income 0000000435-01 displayed successfully
  
```

CPID (Custodial Parent Income Detail) - Panel two.

```

V4FKAT01                PRISM                In: PWQQ60 via QQT4 @N57 PWCST01
< 1 more                CP Income Detail                4:45 PM
*Action (B,C,D,N):
MCI: 0000000435 Income Seq Nbr: 01
MCI: 0000000435 Name: CROW, KAREN L.
SSN: 218-02-0202 DOB: 08/24/81 Gender: F Number of Cases: 1

Employer Id: 0000524387 FEIN: 410855387 Name: OLMSTED MEDICAL CENTER

** Income Information **
Wage: 1200.00 Freq: BIW Monthly Amt:

Hours Per Period: Wage Type:
Ver: 01/10/2011 By: PWCST01 Src: POF
Acct# / ID#: _____
** Health Care Coverage Information **
Med Cov Avail: Y Date Unavail: _____
Den Cov Avail: Y Date Unavail: _____
** Military Information **
Grade: _____
Status: _____
Direct Command: _____ ( CPID )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F10=Left,F11=Right,F13=TRBL,F18=Main,F19=Glob
F20=Audit
Scrolling performed.
  
```

SUOD (Support Order Detail) - Panel one. Type the Case number and 'D' in the action field and press <ENTER> to display. Press <F11> for panel two.

V4FEAM01	PRISM	In: PWQQ60 via QQT4	#I54 PWCST01
01/13/11	Support Order Detail	3 more >	
*Action (B,C,D,N): d			
Case: 0000000435 01	Enforce Dt: 10/13/2009	CO FIPS: 27 001	CO Type: DSS
Case: 0000000435 01		Worker: 001CS002	Stat: OPN Func: EN
CP Name: CROW, KAREN L.		Prog: MNC	
NCP Name: CROW, FRED A.		File Loc:	

Legal Hdg	Seq: 01	Ofc: 001	Legal Tracking: Proc: ____	Date: ____	Seq: ____
Court File Nbr: D-07-00066		Court Admin Type: 04	Entry Dt: 10/13/2009		
CO Method: JUD	With Prejudice: -		Sign Dt: 10/13/2009		
Order Fips Desc: AITKIN		Obligation Eff Dt: CCH 11/01/2009			
Hearing Officer: 0000050127 ACKERSON, D.		CO Seq Nbr: 01			

Reserved	Reimbursement Only Order: N
Basic Support: N	Number of Tax Exemptions CP: ____ NCP: ____
Medical Support: N	AIW: Y
Child Care: N	Bond Required: N
Spousal Maintenance: N	Deviation Reason: ____
Reimbursement: N	NCP Income This Order: ____
Reevaluation Date: ____	CP Income This Order: ____

Direct Command: _____ (SUOD)

F1=Help, F2=Quit, F3=Retrn, F4=Prev, F7=Up, F8=Down, F10=Left, **F11=Right**, F13=TRBL

F18=Main, F19=Glob, F20=Audit

Court Order 10/13/09-27001-DSS displayed successfully

SUOD (Support Order Detail) - Panel two.

V4FEAM01	PRISM	In: PWQQ60 via QQT4	@N57 PWCST01
< 1 more	Support Order Detail	2 more >	
*Action (B,C,D,N):			
Case: 0000000435 01	Enforce Dt: 10/13/2009	Order FIPS: 27 001	CO Type: DSS
Case: 0000000435 01		Worker: 001CS002	Stat: OPN Func: EN
CP Name: CROW, KAREN L.		Prog: MNC	
NCP Name: CROW, FRED A.		File Loc:	
Parenting Time: NCP % 017 CP % 083		CO Seq Nbr: 01	

Medical Cov For: C	Medical Policy Holder: NCP	Priv Med Cov Ord: N
Dental Cov For: C	Dental Policy Holder: NCP	Priv Den Cov Ord: N
Uninsured/Unreimbursed Exp: NCP % 050 CP % 050		\$ Med Support: NO_

1_ of 1	Pat	Med	Den	Emancipation
MCI	Estb	Cov	Cov	Addr Code Date
1 0000000436 CROW, AMY N.	N	RE	RE	Y GR 07/04/2022
2	-	-	-	- - -
3	-	-	-	- - -
4	-	-	-	- - -
5	-	-	-	- - -

Direct Command: _____ (SUOD)

F1=Help, F2=Quit, F3=Retrn, F4=Prev, F7=Up, F8=Down, F10=Left, F11=Right, F13=TRBL

F18=Main, F19=Glob, F20=Audit

Scrolling performed.

CPPD (CP Insurance Policy Detail). Type the MCI number and 'D' in the action field and press <ENTER> to display.

```

V4FKAW01                PRISM                In: PWQQ60 via QQT4  UI86 PWCST01
01/12/11                CP Insurance Policy Detail                1 more >
*Action (B,C,D,N):      D
MCI: 0000000644      Policy#: 12209                Seq#: 01
MCI: 0000000644      Name: WOOL, JAKE A.
SSN: 467-51-1209 DOB: 08/07/82 Gender: M Number of Cases: 1

Health Carrier Name: BLUE CROSS BLUE SHIELD___ Phone: 651 555 5555 Ext: ___
Addr: BLUE CROSS ROAD___

City: EAGAN___ St: MN Zip: 55122 ___ Cntry: USA
Cntct Last: ___ First: ___ MI: _

Policy Type: G Plan Type: HEA Claims Sbmted I Qual: Mbr#: ___
Grp#: 1111___ Holder Last: ___ First: ___ MI: _
Emplr Id#: 0000277942 Emplr: TEMP FORCE
Beg Dt: 07/01/2010 End Dt: ___ Ver: 09/15/2010 By: PWNAS96 Src: EMP
Covrg Type(s): 05 DRUGS/COPAY 06 HMO

Clinic Name: BRAINERD___ Site: ___
Direct Command: ___ ( CPPD )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F10=Left,F11=Right,F13=TRBL,F18=Main,F19=Glob
F20=Audit
No action performed

```

CHPL (Check By Payee List). Type the MCI number and 'D' in the action field and press <ENTER> to display. Next - type 'S' in the action field and press <ENTER> to display the Check Disbursement Details.

```

V4FFEVO1                PRISM                In: PWQQ60 via QQT4  @N57 PWCST01
01/12/11                Check By Payee List                5:02 PM
MCI: 0000000435      Name: CROW, KAREN L.
SSN: 218-02-0202 DOB: 08/24/81 Gender: F Number of Cases: 1

Issue                Disbursement                Check                Return
Act Date  Check Nbr  Amount  Type  Excpt  Stat Reason  Source
S 09/16/10 N191010945  178.24  MUL  CAS

*** End of Data ***

MCI: 0000000435      From Date: 01/12/2011      To Date: 01/01/1995
Direct Command: ___ ( CHPL )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F7=Up,F8=Down,F9=Print,F13=TRBL,F18=Main
F19=Glob,F21=Asc

```

CHPL (Check Disbursement Detail.)

VUFFEW01	PRISM	In: PWQQ60 via QQT4	UJ94 PWCST01
01/12/11	- Check Disbursement Detail -		9:38 AM
MCI: 0000000435 Name: CROW, KAREN L.			
SSN: 218-02-0202 DOB: 08/24/81 Gender: F Number of Cases: 1			
Check Nbr : N191010945	Check Amt :	178.24	Bank Ref Nbr:
Issue Date: 09/16/10	Check Status: CAS	County Fee Total:	
Payee : KAREN L CROW	Foster Care Total:		
C/O :			
Address: 101 MINNESOTA AVE			
City : AITKIN		St: MN Zip: 56431	

Receipt Nbr	Disbrs Type	NC/PT	Disbrs Amt	Case Id	Treasury Nbr
100915 000001 000 001 021 02	PCN		180.04	0000000435 01	
100915 000001 000 001 021 02	SMD		-1.80	0000000435 01	
*** End of Data ***					

Direct Command: _____ (CHPL)

F1=Help, F2=Quit, F3=Retrn, F4=Prev, F7=Up, F8=Down, F9=Print, F13=TRBL, F18=Main

F19=Glob

Disbursement Type Code (Where the money went)

*PCN	PAID CURRENT- NPA (CP)
*PAN	PAID ARREARS – NPA (CP)
*OSN	OSN OUT-OF-STATE NPA (CP)

DDPL (Direct Deposit by Payee list). Type the MCI number and 'D' in the action field and press <ENTER> to display. Next - type 'S' in the action field and press <ENTER> to display the Direct Deposit Disbursement Detail.

V4FFQG01 PRISM In: PWQQ60 via QQT4 @N57 PWCST01
01/12/11 Direct Deposit by Payee list 5:04 PM

MCI: 0000000435 Name: CROW, KAREN L.
SSN: 218-02-0202 DOB: 08/24/81 Gender: F Number of Cases: 1

Actn	Direct Deposit Issued	File Id	Amount	Status	Status Date	Returns Orig Date
S	10/04/10	A	178.24	SNT	10/04/10	
	10/13/10	A	178.26	SNT	10/13/10	
-	11/02/10	A	180.04	SNT	11/02/10	
-	11/10/10	A	155.04	SNT	11/10/10	
-	12/02/10	A	180.04	SNT	12/02/10	
-	12/08/10	A	180.04	SNT	12/08/10	
-	12/22/10	A	180.04	SNT	12/22/10	

*** End of Data ***

MCI: 0000000435 Date Issued From: 01/01/1995 Date Issued To: 01/12/2011
Direct Command: _____ (DDPL
F1=Help, F2=Quit, F3=Retrn, F7=Up, F8=Down, F9=Print, F13=TRBL, F18=Main, F19=Glob
F21=Dsc

DDPL (Direct Deposit Disbursement Detail).

VUFFRN01 PRISM In: PWQQ60 via QQT4 UP55 PWCST01
01/12/11 - Direct Deposit Disbursement Detail - 10:31 AM

MCI: 0000000435 Name: CROW, KAREN L.
SSN: 218-02-0202 DOB: 08/24/81 Gender: F Number of Cases: 1

Date Trans: 10/04/10 File Id: A Amount: 178.24

Date Open	Id	Nbr	Nbr	Disbursement	Amount	Id	Id
Batch	Batch	Pmt	Rcpt	Type	Excpt	Disbrs	Case
10/02/10	000003	038	02	PCN		180.04	000000043501
10/02/10	000003	038	02	SMD		-1.80	000000043501

*** End of Data ***

Direct Command: _____ (DDPL)
F1=Help, F2=Quit, F3=Retrn, F7=Up, F8=Down, F13=TRBL, F18=Main, F19=Glob

NCQW (Quarterly Wage Browse) Type the MCI number and 'D' in the action field and press <ENTER> to display.

```

V4FLIB01                                PRISM          In: PWQQ60 via QQT4  Y879 PWCST01
01/10/11                                Quarterly Wage Browse                                9:34 AM
MCI: 0000001968  Name: SIAMESE, GUS W.
SSN: 475-70-0001  DOB: 03/25/71  Gender: M  Number of Cases: 1

Actn   Qtr Date   SRC           Name           Employer Name           Revw
-----
  D    04/01/2010  FCR SIAMESE GUS           JACK'S ROOFING & INSTAL
  -    07/01/2010  FCR SIAMESE GUS           PETE'S CONSTRUCTION
  -    01/01/2010  FCR SIAMESE GUS           RON WEBER & ASSOC OF NE
                                     *** End of Data ***

MCI 0000001968  State EIN: _____ FEIN: _____
Direct Command: _____ ( NCQW )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F7=Up,F8=Down,F13=TRBL,F18=Main,F19=Glob
  
```

NCQW (Quarterly Wage Detail).

```

VUFLIN01                                PRISM          In: PWQQ60 via QQT4  Y879 PWCST01
01/10/11                                - Quarterly Wage Detail -                                9:38 AM
*Action (C,D,N): _____
MCI: 0000001968  Name: SIAMESE, GUS W.
SSN: 475-70-0001  DOB: 03/25/71  Number of Cases: 1

LAST: SIAMESE                          FIRST: GUS                          MI: W
SSN: 475-70-0001  Src: FCR St: 33 Fed Agency:          DOD:
Employer: JACK'S ROOFING & INSTALLATION          FEIN: 341546859
Addr: HIGHWAY 93 S                          Owner/Operator Ind:

CONCORD                                NH  03331-1234
Cntry CD:      Cntry Name:

Qtr Beg Dt          Amount      Weeks/Hours          Reviewed: _
04/01/2010          548.00

Direct Command: _____ ( NCQW )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F6=Upd,F7=Up,F8=Down,F13=TRBL,F18=Main
F19=Glob,F20=Audit
Quarterly Wage 0000001968--34154 displayed effective for 04/01/10
  
```

DEWS (DEED Wage Summary).

```
V4FLJT01                                PRISM          In: PWQQ60 via
QQT4  YO26 PWCST01
01/13/11                                DEED Wage Summary          10:12 AM

MCI: 0000000997                        Name: COLA, INGA L.
Print Employers Address: Y (Y/N)      Select all records: N (Y/N)
Display Wage Information from Date: 01/01/1900
Display Wage Information to Date: 01/13/2011
      Quarter
Actn  Beg Date  Name                      Employer      Hours      Gross
      04/01/10  COLA, INGA                  MEDTRONIC      Worked      Wages
s     07/01/10  COLA, INGA                  MEDTRONIC      2500.00
                                     2500.00
                                     *** End of Data ***

Direct Command: _____ ( DEWS )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F7=Up,F8=Down,F9=Print,F13=TRBL,F18=Main
F19=Glob
```

NCUI (NCP UI Claims Browse). Type a 'D' to display in the action field and press <ENTER>.

```
V4FLJY01                                PRISM          In: PWQQ60 via QQT4  YO26 PWCST01
01/13/11                                NCP UI Claims Browse          10:17 AM
MCI: 0000001306                        Name: TROUT, JOHN
SSN: 443-01-6543 DOB: 06/22/77 Gender: M Number of Cases: 1

Actn  Claim Date  Claim ID      Name
D     09/05/2010  201001      TROUT, JOHN .
-     12/07/2008  200801      TROUT, JOHN .
                                     *** End of Data ***

MCI 0000001306
Direct Command: _____ ( NCUI )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F7=Up,F8=Down,F13=TRBL,F18=Main,F19=Glob
```


NCUI (NCP Claims Browse). Press <F6> to see payments.

```

VUFLJX01          PRISM          In: PWQQ60 via QQT4  YO26 PWCST01
01/13/11          NCP UI Claims Browse          10:18 AM
*Action (C,D):
MCI: 0000001306  Name: TROUT, JOHN
SSN: 443-01-6543  DOB: 06/22/77  Gender: M  Number of Cases: 1

Name Last: TROUT          First: JOHN          MI:
Other Name Last:          First:          MI:
DOB: 06/22/1977          SSN: 443-01-6543          Old SSN:  -  -
Address: 193 ROBIE ST NE
:
City : ST. PAUL          State: MN  Zip: 55107 2774

          Claim Information
Claim ID: 201001          Last Week Paid Date: 12/12/2009
Claim Date: 09/05/2010          Emp Nbr Returned to Work:
Claim Type: STUI          Date Returned to Work:
Claim Status: ACTV

Direct Command:          ( NCUI )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F6=Pymt,F13=TRBL,F18=Main,F19=Glob,F20=Audit

Claim 0000001306-201001 displayed successfully
  
```

UI Benefit Payment History

```

VUFLJZ01          PRISM          In: PWQQ60 via QQT4  YO26 PWCST01
01/13/11          NCP UI Claims Browse          1 more >
          Benefit Payment History

W/E          Auth          Distribution          Date
Date          WBA          MBA          Amt          Recip          Amt          Paid
-----
12/11/10          330.00          10972.00          330.00          27001          71.00          12/17/10
12/11/10          330.00          10972.00          330.00          APPLT          259.00          12/17/10
12/04/10          330.00          10972.00          330.00          27001          72.00          12/17/10
12/04/10          330.00          10972.00          330.00          APPLT          258.00          12/17/10
11/27/10          330.00          10972.00          330.00          27001          71.00          12/03/10
11/27/10          330.00          10972.00          330.00          APPLT          259.00          12/03/10
11/20/10          330.00          10972.00          330.00          27001          72.00          12/03/10
11/20/10          330.00          10972.00          330.00          APPLT          258.00          12/03/10
11/13/10          330.00          10972.00          330.00          27001          71.00          11/21/10
11/13/10          330.00          10972.00          330.00          APPLT          259.00          11/21/10
11/06/10          330.00          10972.00          330.00          27001          72.00          11/21/10
11/06/10          330.00          10972.00          330.00          APPLT          258.00          11/21/10
10/30/10          330.00          10972.00          330.00          27001          71.00          11/05/10
MCI: 0000001306  Claim ID: 201001
Direct Command:          ( NCUI )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F7=Up,F8=Down,F10=Left,F11=Right,F13=TRBL
F18=Main,F19=Glob
  
```

FCUI (Federal Case Registry Unemployment Insurance) - Reports UI benefits paid by other states. Type the MCI number and 'D' in the action field and press <ENTER>. Next type a 'D' in the action field to display each quarter and press <ENTER>.

```

V4FLIQ01                PRISM                In: PWQQ60 via QQT4  YO26 PWCST01
01/13/11                FCR Unemployment Insurance                10:31 AM
MCI: 0000001977  Name: TABBY, GUS W.
SSN: 475-70-0004 DOB: 03/25/71 Gender: M Number of Cases: 1

Actn      SSN      Name                        Rep Qtr      Benefit IW Revw
-----
  D  475700004  TABBY, GUS W.                20101        891.00  N
-    475700004  TABBY, GUS W.                20102        1181.00  N
-    475700004  TABBY, GUS W.                20104        3190.00  N
                                     *** End of Data ***

MCI: 0000001977  SSN: _____ St FIPS: __ Qtr: _____
Direct Command: _____ ( FCUI )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F7=Up,F8=Down,F13=TRBL,F18=Main,F19=Glob
  
```

Federal Case Registry (Unemployment Insurance Benefit quarterly detail)

```

VUFLIQ01                PRISM                In: PWQQ60 via QQT4  YO26 PWCST01
01/13/11                - Federal Case Registry Unemployment Insurance - 10:35 AM
*Action (C,D,N):
MCI: 0000001977  SSN: 475-70-0004 St FIPS: 33  Qtr: 1 qtr 2010
MCI: 0000001977  Name: TABBY, GUS W.
SSN: 475-70-0004 DOB: 03/25/71 Gender: M Number of Cases: 1

Reporting State: NH                Last Qtr's benefit: 891.00

Last: TABBY                F: GUS                M: W
Address Date: 1 qtr 2010
Street: 435 S MAIN ST

City: CONCORD
State: NH Zip: 033013463        Country:

Start UI Income Withholding(Y/N): N    Reviewed: _

Direct Command: _____ ( FCUI )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F6=LocUp,F13=TRBL,F18=Main,F19=Glob,F20=Audit

FCR-UI UI-0000001977-475700004-3    displayed successfully
  
```

CHPA (Child Paternity). MAB = Married At Birth

```
VUFMAD01          PRISM          In: PWQQ60 via QQT4  YO26 PWCST01
01/13/11          - Child Paternity -          11:02 AM
*Action (B,D):
MCI: 0000001979
MCI: 0000001979  Name: TABBY, IAN W.
SSN: 476-10-0004  DOB: 02/14/03  Gender: M  Number of Cases: 1
      Derived Paternity Status: M  Married At Child's Birth

1_ of 1  Born in Wedlock (Y/N): Y
Case/
Ln  Relsnp of CP      NCP Name/MCI      NCP  Pat  Inac  Case  Case  Pat
Relsp Bas Reas Stat Wrkr Id  Etab Date
1  0000001978 01  TABBY, GUS W.      FAT  MAB  ____  OPN  001CS004  02/14/2003
MOT      0000001977
2
3
4

Direct Command: _____ ( CHPA )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F7=Up,F8=Down,F13=TRBL,F18=Main,F19=Glob
F20=Audit
Child 0000001979 displayed successfully
```

NCSD (NCP Alias Detail). Type MCI number and then type a 'B' to Browse in the action field and press <ENTER>.

```
V4FKAF01          PRISM          In: PWQQ60 via QQT4  YI54 PWJJB02
01/13/11          NCP Alias Detail          11:22 AM
*Action (A,B,C,D,M,N,P):  b
MCI: 0000001309  Seq #: ____
MCI:          Name:
SSN:  - -      DOB:  /  /  Sex:  Race:  # of Cases This Person:

Alias Type: ____

Alias Name
Last: _____ First: _____ MI: _____ Suff: ____
SSN:  ____  ____  ____  EVS Response Code:  Date: _____

Source:  ____  As Of: _____

Direct Command: _____ ( NCSD )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F13=TRBL,F18=Main,F19=Glob,F20=Audit
```

NCSD (NCP Alias List)

```
VUFEXAN01          PRISM          In: PWQQ60 via QQT4  YI54 PWJJB02
01/13/11          - Alias List -          11:26 AM
MCI: 0000001309  Name: BASS, JOHN
SSN: 443-02-6543  DOB: 06/22/77 Gender: M Number of Cases: 1

  As of   Last Name      First Name  Middle Name      SSN      EVS Type
-----
11/14/10 BASS           NATHAN
01/05/11 BASS           JACK          - -            KNOWN ALT
01/03/11 BASS           JONATHAN      - -            KNOWN ALT
                                LEGAL NAME
*** End of Data ***

MCI: 0000001309 As of Date: 01/13/2011
Direct Command: _____ ( NCSD )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F7=Up,F8=Down,F13=TRBL,F18=Main,F19=Glob

Position cursor or enter screen value to select
```

GCSC (Good Cause Safety Concerns). Type a 'D' to display in the action field, type the Case number and press <ENTER>.

```
V4FKCR01          PRISM          In: PWQQ60 via QQT4  Y554 PWJJB02
01/13/11          Good Cause Safety Concerns          1:53 PM
*Action (A,B,C,D,M,N): -
Case: 0000000435 01
Case: 0000000435 01          Worker: 001CSO02 Stat: OPN Func: EN
CP Name: CROW, KAREN L.          Prog: MNC
NCP Name: CROW, FRED A.          File Loc:

Effective Date: 11/01/2010

Safety Concerns      Current Protection Status
CP (Y/N): -          N Source:
NCP (Y/N): -          N Source:

IV-D Cooperation Code: Y
Good Cause Code: NC NOT CLAIMED
Good Cause Source: MAX MAXIS          Cnty: 001 AITKIN
Comments:
_____

Direct Command: _____ ( GCSC )
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F13=TRBL,F18=Main,F19=Glob,F20=Audit

Record 0000000435-01 displayed effective for 11/01/10
```

DOLR (Dept. of Corrections Locate List Screen). Type the MCI number at the bottom and press <ENTER>. If there is a record, a list will appear.

```

VUFLFR02                                PRISM                                In: PWQQ60 via QQT4   Y618 PWCST01
01/13/11                                Dept of Corrections (DOC) Locate Review                                5:04 PM
MCI:                                     Name:
SSN:   - -                               DOB:   /   /   Gender:   Number of Cases:
      Record                               Current   Current
Act.   Created   Seq   Reviewed   Admit Date   Location   Status   Release Date
-      09/15/2010  16      N      01/01/2010    UK        30
      *** End of Data ***

MCI: 0014212345   Source: DOC   Reviewed(Y/N): _
Direct Command: _____ ( DOLR )
F1=Help,F2=Quit,F3=Retrn,F7=Up,F8=Down,F13=TRBL,F18=Main,F19=Glob

```

DOLR list screen. Type 'S' to select the most recent record and press <ENTER> to see the detail.

```

VUFLFR02                                PRISM                                @O89 PWABC00
10/13/10                                Dept of Corrections (DOC) Locate Review                                10:30 AM
MCI: 0014212345   Name: CROW, DUSTIN J

SSN: 470-78-1256   DOB: 08/28/76   Gender: M   Number of Cases: 2
      Record                               Current   Current
Act.   Created   Seq   Reviewed   Admit Date   Location   Status   Release Date
-      09/15/2010  16      Y      01/01/2010    UK        30      05/25/2011
-      06/01/2010  15      Y      01/01/2010    02C       13      05/25/2011
-      03/01/2010  14      Y      01/01/2010    80        01      05/25/2011
-      01/04/2010  13      Y      01/01/2010    13C       02      05/05/2011
-      02/03/2009  12      Y      01/01/2008    03        01      08/17/2009
-      01/05/2009  11      Y      01/01/2008    03        01      08/17/2008
-      09/02/2008  10      Y      01/01/2008    UK        30      08/17/2008
-      07/02/2008  09      Y      01/01/2008    82C       08      08/17/2008
-      03/04/2008  08      Y      01/01/2008    82C       13      02/18/2008
-      02/01/2008  07      Y      01/01/2008    82C       01      02/18/2008
-      11/06/2007  06      Y      01/01/2001    UK        30      10/10/2007
-      10/02/2007  05      Y      01/01/2001    05        01      10/10/2007

MCI: 0014212345   Source: DOC   Reviewed(Y/N): _
Direct Command: _____ ( DOLR )
F1=Help,F2=Quit,F3=Retrn,F7=Up,F8=Down,F13=TRBL,F18=Main,F19=Glob

```

DOLR Detail - panel one displays incarceration information

VUFLFR01	PRISM	#E04 PWJJB02
09/01/11	Dept of Corrections (DOC) Locate Review	1 more >
*Action (C,D):	DOC Information Reviewed : N	
MCI: 0014212345 Name: CROW, DUSTIN J.		
SSN: 470-78-1256 DOB: 08/28/76 Gender: M Number of Cases: 2		
ID Control:	Seq Nbr: 01	Last Modified: 02/01/2007
MCI: 0014212345	Name: CROW, DUSTIN JOE	Offender Id: 222022
SSN: 470-78-1256	DOB: 08/18/1972	Gender: M Marital Status: 10
Legal Name:	Race: W	Nbr. Dependents: 0
Drivers Lic.: C528000627915	State: MN	
Military ID :	Branch:	
Admit Date : / /	Current Status: 13	Current Location: 62C
Facility ID : 99	Work Code:	Work Date: 01/01/1999
DOC Caseworker:	Phone:	
Emergency Contact Name:	Type:	
Address:	Telephone:	
Direct Command: _____ (DOLR)		
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F10=Left,F11=Right,F13=TRBL,F18=Main,F19=Glob		
F20=Audit		

DOLR detail - panel two displays release information

VUFLFR01	PRISM	#E04 PWJJB02
< 1 more	Dept of Corrections (DOC) Locate Review	4:52 PM
*Action (C,D):	DOC Information Reviewed : N	
MCI: 0014212345 Name: CROW, DUSTIN J.		
SSN: 470-78-1256 DOB: 08/28/76 Gender: M Number of Cases: 2		
ID Control:	Seq Nbr: 01	Last Modified: 02/01/2007
MCI: 0014212345	Name: CROW, DUSTIN JOE	Offender Id: 222022
SSN: 470-78-1256	DOB: 08/28/1976	Gender: M Marital Status: 10
Legal Name:	Race: W	Nbr. Dependents: 0
Release Date: 02/01/2010	Release Agent: Scott Davidson	
Release Type: S	Agent Phone:	
Release Placement Name:		
Release Address:		
Release Phone:		
Direct Command: _____ (DOLR)		
F1=Help,F2=Quit,F3=Retrn,F4=Prev,F10=Left,F11=Right,F13=TRBL,F18=Main,F19=Glob		
F20=Audit		

PRISM SCREENS CHEAT SHEET

I = General Information, \$ = Financial, H = Health Care, P = Paternity

Page #	Screen Code Key I code	Screen Function/Description
14	PESE Use to find a Case# and MCI#.	Person Search. Use this screen to find a Child Support Person's MCI # and their related Case #(s). This opens a Person search utility. It's kind of funky. Start by typing their SNN. If there is no SSN, use the last name of the person and only the first initial of their first name and press <ENTER>. A list screen opens displaying all potential matches. If the person you are looking for is listed type 'D' to display in the action field and press <ENTER>.
15	CAST Case # I	Case Status. Type the case # and a 'D' in the action field to display and press <ENTER>. The CAST screen displays case information: Paternity Basis, Assigned Worker #, case program code, case file location, child residency, legal custody, Non IV-D source code, Intake completed status, applicant indicator, and referral date. To find the name and phone number of assigned Child Support worker, place the cursor on Worker # and press <F1>.
15	CPDE, NCDE & CHDE MCI # I	Demographic Information for the CP, NCP and Child. Includes: SSN, DOB, and telephone numbers.
13	CPDD & NCDD MCI # I	Address Detail. Mailing address information for the custodial parent and noncustodial parent. Type a 'B' in the action field and press <ENTER> to display a list of all addresses on file.
16	NCID & CPID MCI # \$ H	NCP and CP employment/ income information. Type a 'B' in the action field and press <ENTER> to display a list of all active and former employers. Move the cursor to the active employer and press <ENTER>. Next press <F11> to go to panel 2. Employers of NCPs are required to inform us when the NCP terminates employment. If health care coverage is provided by the employer you can go to NCPD or CPPD to see policy coverage details.
17	SUOD Case# H	Support order detail. Type a 'B' in the action field and press <ENTER> to display a list of all support orders. Move the cursor to the order with the most recent sign date and press <ENTER>. A 4-panel screen opens with details about the support order. Press <F11> to go to panel 2 to see who is ordered to provide health care insurance for each child on the case. Also displayed is if the court order affects each child on the case in terms of Paternity Establishment, and Emancipation criteria. If health care coverage is ordered go to NCPD or CPPD to see if policy is in place. If questions, call the CSO.

Page #	Screen Code Key I code	Screen Function/Description
18	CPPD & NCPD MCI # H	Health Care Coverage details. Carrier's name, address, telephone numbers, policy numbers, and coverage types. Type a 'B' in the action field and press <ENTER> to display a list of all policies.
18 & 19	CHPL MCI # \$	Check by Payee list. This screen displays a list of warrants (checks) that have been issued to the participant whose MCI number appears in the lower left-hand portion of the screen. It displays the issue date, warrant number, amount, disbursement type, and check status. From the action field you can type 'S' to select a warrant and press <ENTER> to listing the case # and mailing address where the check was mailed.
20	DDPL MCI # \$	Direct Deposit by Payee list. This screen displays a list of Direct Deposit money sent to the custodial parent. If a CP has an active direct deposit record, child support payments are sent electronically to the CP's bank account. The Status date is the date when the file containing the Direct Deposit detail record was created and sent to CSED's bank. Two working days after this date the direct deposit will actually be transferred into the CP's bank account. From the action field you can type 'S' to select a payment and press <ENTER> to view the disbursement detail listing the case # and other details about the specific deposit.
22	DEWS MCI # \$	DEED Wage Summary screen has Minnesota employment records and is used to view and print DEED wage information for a custodial parent (CP) or a noncustodial parent (NCP) on an open IV-D case. Type the participant's MCI # in the MCI # field and press <ENTER>. PRISM will populate the screen with the participant's primary information. Press <F9> to print the screen.
22 & 23	*NCUI & CPUI MCI # \$	Unemployment Insurance benefit information for a NCP or CP on an open IV-D case. The first screen is a list of claims. Type a 'D' to display in the action field and press <ENTER> to display the claim details. When the claim detail panel appears, press <F6> to see a list of payments.
24	*FCUI MCI # \$	Federal Unemployment information. Reported from other states. We may have a record if the person has filed for unemployment in another state.
25	*CHPA* MCI # P	Child Paternity information. Review the NCP relationship field and the Pat Bas (Paternity Basis) field. Put the cursor over the code and press <F1> to reveal the code definition.
25 & 26	*NCSD & CPSD CHSD MCI # I	Alias names. Use CPSD for CP or CHSD for child, to find their Alias names. Type a 'B' in the action field and press <ENTER> to display a list their alias names, birthdates and social security numbers.
26	GCSC* Case# I	This screen is where child support maintains the status of the custodial parent's (CP) cooperation and good cause claim status. It is also used to record if a CP or NCP has a safety concern. If it is coded Good Cause, contact the worker for more information.

Page #	Screen Code Key I code	Screen Function/Description
27 & 28	*DOLR MCI # 	Dept. of Corrections (DOC) Locate Review. Search by MCI #. If they are incarcerated, you can view information about where the person is incarcerated and their scheduled release date. Full interface with records from all Minnesota state and county facilities is expected to be completed by 5/2012.
21	CPQW & NCQW MCI # 	Participants Quarterly wages reported by the employer. Information comes from the federal National Case Registry
	CAAD & CAAT Case# 	Case notes. Use this screen to view Case Activities. "N" indicates more notes. TIP: Go to CAAT screen. To display notes about telephone calls on the case, tab to the bottom and type in the case #, tab to the 'Type' field and type 'T' and press <ENTER>.
	FCPM MCI # 	This screen may display a list of participants from other states who match with Minnesota participants in the child support program.
	NCAD & CPAD MCI # 	Asset Detail. This screen may list known asset information for the CP or NCP. Assets included on these screens are physical assets (e.g., homes, cars).
	CPCB & NCCB MCI # 	CP/NCP Case Browse. This screen displays all cases associated with a CP or NCP. Use it to select which case you'd like to view.
	COEL 	Court Ordered Emancipation List. Displays a history of court ordered emancipation records for children on a particular case.

Telephone Interviewing for SNAP

Preparation

Introduction/Purpose of Interview

Interactive Interview

- Telephone Etiquette

- Listening Skills

- Questioning Techniques

Conclusion/Summary

Follow-up

MFWCAA 2012 Conference Workshop Evaluation

Instructors: _____ Date: _____

Workshop Name: Telephone Interviewing

☆ What you found **most** useful about the workshop.

☆ What you found **least** useful about the workshop.

☆ Please identify any **AHA!** moment that may have occurred during the course of this workshop.

☆ Add any other comments you would like to make about the workshop, the instructors, the materials, topics covered, etc.

☆ Please indicate the overall evaluation of this workshop by circling one choice:

Excellent

Good

Average

Fair

Poor

☆ Any ideas for future workshops?

A red octagonal sign with white text. The text is arranged in four lines: "Telephone", "Interview", "In", and "Progress".

**Telephone
Interview
In
Progress**

Tips for Adoption Assistance Cases in MAXIS

Presented by:

Donna.Hagemeier@state.mn.us (651) 431-4124

My notes from day of workshop are in red...

1. Adoption Assistance Agreement sent by the DHS Adoption Unit. Use this form to open Adoption Assistance Health Care. Questions about this form -contact the DHS Operations Unit at 651-431-4656 (leave message). CM03.25.25 and TE02.05.28 (handouts)

No HC application is needed for IV-E and MN State AA programs

HC application is needed for adopted children NOT on AA

Need DHS approval letter also for MN State AA

AA agreement lists child's adopted name and if any AA payments made

Certification form lists child's birth name

2. Approve Adoption Assistance for the child on a new MAXIS case as member 01. (Do not continue to use the existing Foster Care case.)
Coordinate the opening of AA with closing of FC so no gap in medical coverage
Create a new case and PMI for the adopted child as member 01
Adoptive parents can be added to the case or listed on STAT/AREP
Siblings should NOT be added to AA cases (this can cause a problem if the adoption for one child falls through)

3. A new PMI is required (do not use child's pre-adoptive PMI).

New PMI needed even in situations where it's a:

Relative adoption

FC parents adopting the FC child

Adoptive parents applying for other public assistance programs

Child's name did not change at adoption

Two exceptions:

ICAMA – another state placed an adopted child in MN (if placed in pre-adoptive home using birth name – then new case and PMI are needed)

Adoptive child has no previous MAXIS record

4. If the child's SSN is being retained, complete the SPEC/ADPT function. Submit SIR web form or PF11 any problems. TE02.13.33 (handout)

If no SSN, enter blank SSN with verification code of A

If child's SSN is being retained

Enter the Adoption case number on SPEC/ADPT

Then enter the new PMI and SSN you want to move which pulls up

The old FC PMI with the new AA PMI

By answering yes the SSN will be removed from old PMI to the new PMI

Notify PMI when SPEC/ADPT is completed as we need to manually fix these in the SMI system

If you get edit that old PMI is not inactive, must reconcile before deletion – report this on SIR web form as there may be a status problem or the FC case is not closed yet.

5. MN Adoption Assistance requires receipt of the SSN within six months of approval. TE02.05.28 and CM 03.25.25

If SSN is not provided, MN AA must be closed.

6. If you receive a DAIL for “Unmatched SSN “- verify the adoptive parents have notified Social Security of the adopted child’s name change.

TE02.08.081 PF11 any problems

PF11 if parents have notified SSA but you continue to get DAILs

7. Code STAT/MEMI with the appropriate adoption code in the Adoption Assistance field. QTIP #112; TE14.05 and TE19.112 (handout)

Enter adoption code in the AA field on STAT/MEMI

01 for IV-E and 02 for MN State AA

This coding allows MAXIS to determine eligibility for other programs (if applied for) and to stop STAT edits for no STAT/REVW panel

8. If adoptive parents are applying for cash or SNAP, enter any Adoption Assistance payments on the child’s STAT/UNEA panel.

CM0011.21; CM0014.06 and CM0017.15.69

Adoption Assistance payments do not need to be recorded for AA cases however, if the family applies for cash or other programs it is required.

Enter the income on the child’s STAT/UNEA

MAXIS will exclude this child from MFIP/WB/DWP as the child is not eligible for these programs. Income does count towards food and other programs.

If you have AA child with both MFIP and AA close MFIP and set up overpayment. One Adoptive family had OP of \$10,000.

If I find cases like this I will notify you.

9. To ensure confidentiality case notes should not contain information regarding the child's previous or new identity, adoptive parents or location (including county). TE02.05.28 and TE14.00 (handouts)

On FC case, do not enter identity of adoptive parents, child's new identity, address or county of residence

The same is true for Adoption cases – do not identify the county of transfer

Do not identify pre-adoption parents on FC case

10. Adoption Assistance children are not required to have annual reviews.

No STAT/REVIEW panel is needed

Coding AA code on STAT/MEMI prevents edit

AA case will not auto close and no reviews will be sent

11. Notify the PMI Team via SIR web form to "PRIV/BLOCK" the foster care case and PMI once Adoption Assistance is opened. TE02.05.28 Page 6 <https://www.dhssir.cty.dhs.state.mn.us> (see handout)

We cannot block the foster care case and PMI until the actual FC case is closed – but send SIR when you open AA case as we will hold until we can do PRIV

Only 40% of workers report the opening of adoption cases

12. When Adoption Assistance is opened on Foster Care Case and /or PMI you will need to.....

During review of 06-07 adoptions, there were 156 cases where the adoption was opened on the foster care case and PMI –

Can tell by checking MMIS/RCIN or RELG; checking earliest case notes or by the PMI number (if really old #)

To resolve this:

Close the AA on the FC case as soon as possible

Open a new case for AA for the adopted child as member 01 (with new PMI) effective the month following FC closure

You can add adoptive parents but siblings should not be added to AA or FC cases

Forward case notes on FC case that pertain to adoption to the new case as these notes may be edited or deleted from FC case (use “F” on line before case note which allows you to forward the note to the new case)

Notify Adoptive parent(s) of new PMI and case number

Send SIR web form to PMI team (MAXIS/TSS/BENE/PMI/FC/AA)

13. When the FC parents adopt the FC child and other programs are pending or active you will need to.....

For pending or active cases with foster care family do not code the child's relationship as “03” child (use unrelated unless there is a valid relationship code – example grandparents)

Code STAT/MEMI with foster care code

If FC parents adopt the FC child

Enter a STAT/REMO for the FC child

In the following month enter a STAT/ADME for the adopted child using the new PMI

Set up the Adoption Assistance case separately

In cases where the FC child's relationship was coded “03” please send SIR web form after setting up a new case and PMI for adoption. We will need to “move” the FC family's case to the new PMI

14. Other tips regarding FC cases:

- The foster care child's name should not be updated to the adoption name as a new PMI is required once the child is adopted.
- Foster Care parents should not be added to Foster Care cases. You can list this information on the STAT/FCFC panel.

Handouts available on the table

Combined manual sites:

03.25.25 Medical Assistance for children receiving Adoption Assistance

0011.21 Receipt of other assistance

0014.06 Who must be excluded from assistance unit

0017.15.69 Adoption Assistance (income)

POLI/TEMP sites:

TE02.05.28 Adoption Assistance cases

TE02.13.33 SPEC/ADPT

TE14.00 IV-E Foster Care – Introduction

TE14.05 IV-E Foster Care – Automatic Health Care

TE19.112 – QTIP #112 – Foster Care/Adoption Assistance Cases

These are other combined manual sites that may be helpful to you (no handouts):

0008.06.06 Adding a Person to the Unit - Cash

0014.03.03 Determining the Cash Assistance Unit

0014.03.06 Determining the Food Support Unit

0014.06.03 Family Cap

0017.15.39 Foster Care Payment Income

0017.15.63 Relative Custody Assistance Grants

0029.03.18 Relative Custody Assistance Program

0029.06.12 Foster Care